

August 2019

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Over 2,000 years ago, Hippocrates, the “father of medicine,” focused on knowing his patients. He stressed that rather than practicing medical paternalism, physicians should be healthcare consultants – partnering with patients to improve their health.

Today, a similar patient-centered approach to medical care is intensifying. More physicians are partnering with increasingly engaged patients and patient advocates to foreground value-based care in medicine. Radiologists are among those striving to shift to more quality-focused care, even while facing unique challenges

that include rising volumes of imaging studies, increasing complexity of images, and ever-expanding regulatory issues.

One way radiology groups have begun advancing patient-focused care is by establishing formal consultation clinics, where radiologists and patients review images together. This engagement empowers patients, and radiologists tend to enjoy it, too. Indeed, speaking with patients is shown to decrease physician burnout – a focus of the ACR’s new Radiologist Well-Being Program.

While patient consultation clinics are a terrific way to provide added value, they’re just one of many ways radiologists can deliver higher-quality, patient-centered care. Doing so doesn’t take grandiose efforts. In fact, groups across the nation are improving care through straightforward initiatives that require few resources and that can be implemented almost immediately. Some of these initiatives are highlighted in this issue of *Imaging 3.0 in Practice*.

The case studies herein examine strategies that allow radiologists to easily provide value-added care, as MACRA requires, while still meeting the demands of a busy practice setting. From simply greeting patients awaiting imaging exams to including their contact information at the bottom of their reports, radiologists are making great strides in partnering with patients in their care.

Providing compassionate care in this way is something that all radiologists can and should do. The quick wins outlined here can help anyone get started today to improve patient well-being – with the added benefit of making us, as radiologists, healthier, too. We owe it to our patients and to ourselves to take action.

Ian Weissman, DO, FACR

Chair, Patient- and Family-Centered Outreach Committee

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QUESTIONS? COMMENTS?

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Have a case study idea you'd like to share with the radiology community? To submit your idea, please visit acr.org/Suggest-a-Case-Study.

Calming Patients' Fears

A California radiology practice leverages RadiologyInfo.org to ease patients' anxiety about imaging.

KEY TAKEAWAYS

- Desert Medical Imaging uses RadiologyInfo.org to explain upcoming procedures to patients, helping calm their fears.
- The site provides plain-language video and text descriptions of more than 240 radiological procedures in English and Spanish.
- When patients learn about their procedures before their scans, Desert Medical Imaging can provide more efficient care that often leads to improved outcomes.

Maybe she's there because of a lump she hadn't felt before. Maybe he's wondering if he'll ever be able to climb the stairs to his bedroom again without pain. Whatever brings patients into Desert Medical Imaging in southern California's Coachella Valley, John F. Feller, MD, knows they already have plenty to worry about without being scared of the unfamiliar machines that will capture images of their bodies.

This fear is often born from simply not knowing what's going to happen during the exam. So Feller, medical director and founding partner of Desert Medical Imaging, and his team have committed to inviting incoming patients to visit RadiologyInfo.org, a website that describes more than 240 imaging procedures, before they walk through the door.

Desert Medical Imaging has done this in several ways: 1) The practice has become a RadiologyInfo.org affiliate; 2) the group's schedulers share RadiologyInfo.org with patients and encourage them to visit the site before their appointments; and 3) the group shares RadiologyInfo.org both with referring physicians and with medical students who rotate through the practice and asks them to share it with their patients.

"RadiologyInfo.org is a wellspring of information that patients can visit any time of the day or night to prepare for their exams," Feller says of the site, which attracts 17 million visitors a year. "When patients arrive for their exams well-informed, they have fewer questions for the technologists and feel less anxious about their procedures, saving radiology practices like mine time and money while improving patient care."

Demystifying Radiology

During the last two decades, teams of radiologists with the ACR and the Radiological Society of North America (RSNA) have partnered to develop RadiologyInfo.org. Together,



John F. Feller, MD, medical director and founding partner of Desert Medical Imaging, leverages RadiologyInfo.org to help patients prepare for their imaging exams.

they have populated the site with high-definition videos and plain-language explanations to help patients and families understand and prepare for their imaging exams.

Feller was on the committee that established the site 20 years ago. A survey at that time showed that 80 percent of people didn't know what radiologists did, let alone how they did it. "As imaging experts, we saw it as our responsibility to address this information gap," Feller says. "With people increasingly turning to the web for information, we decided to create a website that patients and families could access any time to learn more about radiology and get answers to questions about specific imaging exams."

The site includes in-depth written descriptions of imaging studies that are searchable by disease type and patient population. It also includes "Ask Your Radiologist" videos, allowing patients and families to watch and listen as internationally recognized radiologists explain various exams and discuss radiation safety. Radiologists have vetted

all of the content, which is available in both English and Spanish.

"The site features information that's accurate and jargon-free," Feller says. "It ensures that patients and families actually understand what they're seeing, hearing, and experiencing during the exam."

Empowering Patients

When patients have this information, they are usually more engaged in their care, and that can have a real impact on outcomes, explains Arun Krishnaraj, MD, MPH, associate professor of radiology and medical imaging at the University of Virginia Health System and co-chair of the RadiologyInfo.org committee.

"Patients who review RadiologyInfo.org often have a much better overall healthcare experience, and a much better grasp of radiology's role in their care," Krishnaraj says. "Every radiology practice should be thinking about how to provide this information to help patients prepare for and understand their radiology exams."

Desert Medical Imaging first linked to RadiologyInfo.org from its website in 1998, Feller says. The practice's website includes descriptions of every exam it provides, and each of these explanations ends with a link to RadiologyInfo.org. "We link to RadiologyInfo.org from multiple places on our website," Feller says. "We want to make it easy for our patients to access."

With this in mind, the practice's schedulers encourage patients to visit the site when scheduling exams. They email patients links to the specific pages on RadiologyInfo.org that correspond with their upcoming studies.

This approach reduces the amount of time staff has to spend explaining studies to patients. It also saves the group money because it doesn't have to create its own educational materials, Feller says. "We're not a large healthcare enterprise," he explains.

"With RadiologyInfo.org, everything patients need to know about and prepare for their exams is right there — all we have to do is tell them about it."

Engaging Referrers

In addition to linking to RadiologyInfo.org and encouraging patients to visit the site prior to



Arun Krishnaraj, MD, MPH, associate professor of radiology and medical imaging at the University of Virginia Health System and co-chair of the RadiologyInfo.org committee, says patients who visit the site have a better overall healthcare experience.

their exams, Desert Medical Imaging's marketing team asks referring physicians to tell their patients about the site.

During visits and even cold calls to these offices, members of the Desert Medical Imaging marketing team talk to referring doctors about the informational benefit the site can provide to patients and the time benefit it provides to referring physicians.

"Referring clinicians, especially nowadays, are asked to do more and more with the patient in less and less time," Feller says. "If they end up spending most of their 15-minute clinic visit trying to explain the imaging test that they're ordering for the patient, then it doesn't leave them much time to talk to the patient about anything else."

Feller emphasizes this point to the medical students, interns, and residents who rotate through his practice every year. Many of the students who elect to do a radiology rotation at Desert Medical Imaging are pursuing careers in internal medicine, neurology, and family practice. Feller expects the students to familiarize themselves with RadiologyInfo.org and make a habit of incorporating it into their patient interactions.

"We get a lot of traction from the bottom up — from trainees, residents, and medical students who have grown up in the digital age," Feller says. "They know that when people need information, they turn to the internet

first, and they recognize the importance of directing patients to information that has been vetted by the field's top professionals."

Adding Value

Sharing the high-quality information available on RadiologyInfo.org is an easy way for radiologists to enhance patient care. It's something any practice can do to help ease patients' fears, streamline care, and improve outcomes.

"More and more patients and their families are demanding this kind of information," Krishnaraj says. "With RadiologyInfo.org, radiology groups can meet these expectations at no cost and without a lot of effort. There's no reason not to share it. To me, it's a no-brainer."

Next steps:

- Direct patients to RadiologyInfo.org by having schedulers provide links to pages explaining their upcoming procedures.
- Explain to referring physicians how RadiologyInfo.org can help ease patient anxiety, save time, and provide better patient care.
- Introduce trainees to the site, and get them in the habit of sharing its resources with patients

By Michael Wereschagin

FOR DISCUSSION

What benefits do you anticipate from sharing imaging information with patients before their exams?

What are some ways you can share RadiologyInfo.org with referring providers and patients?

How can you encourage referring providers to share the site with their patients? How can you encourage patients to visit the site before their imaging exams?

Learning from Patients

An innovative teaching initiative at Indiana University positions patients to drive care improvements.

KEY TAKEAWAYS

- Indiana University's radiology department invites patients to share their imaging experiences during resident teaching conferences.
- Allowing former patients this opportunity can illuminate areas for improvement surrounding quality care.
- Residents and other trainees found the conferences with patients to be enlightening and worthwhile.

A patient presents ...”The medical community uses this phrase frequently when discussing patients’ symptoms. However, the idea of a patient presenting has taken on new meaning in the radiology department at Indiana University (IU).

There, radiology leaders have begun inviting patients to attend teaching conferences and present their imaging experiences to residents and other trainees. The goal is to inspire incoming radiologists to provide high-quality, patient-centered care and encourage them to remember the significant impact they can have on individual lives.

An Idea Takes Shape

Richard B. Gunderman, MD, PhD, FACR, the John A. Campbell professor of radiology at IU in Indianapolis, says the notion of having patients share feedback at resident teaching conferences grew from a desire to improve the patient experience through education and awareness.

The noontime conferences usually include approximately 40 residents and fellows and about 20 medical students. Patients have presented at two of the daily conferences so far, and Gunderman plans to invite more patients to the meetings going forward.

“Normally a teaching conference would consist of a radiologist showing cases, such as chest X-rays and head CT scans, or having the residents look at cases and try to figure out the pathological conditions,” Gunderman explains. “But then we thought, ‘Instead of focusing solely on the images, let’s have patients come and talk about what their experiences were like being diagnosed with diseases such as cancer.’”

Gunderman reached out to several patients and immediately found two courageous women who were willing to share their stories. He believes one of the reasons the women, both of whom had been diagnosed with breast cancer, were so willing to participate in the conferences is that they



Richard B. Gunderman, MD, PhD, FACR, the John A. Campbell professor of radiology at Indiana University, invites patients to participate in the radiology department's teaching conferences.

both had worked in radiology departments in the past.

A Brave Reminder

At the start of the conferences, Gunderman asked a few questions, which prompted each of the women to detail her personal experience. The residents then had the opportunity to ask questions, with many inquiring how the physicians might have done better and how the patients viewed radiologists.

Rachel Rincker, MD, a first-year resident at IU, says that while both women expressed unease about having received their diagnoses over the phone, their feedback about radiology was mostly positive. “Breast cancer is a particularly strong story because it’s a screening examination,” she says. “These women specifically said, ‘The radiologist made a huge difference in my care.’”



Rachel Rincker, MD, a first-year resident at IU, appreciated the opportunity to hear from patients about their experiences in radiology.

Through the Patient's Eyes

Following the two patient-centered conferences, a survey of attendees revealed that many residents rated the conferences highly, while others also told Gunderman in person that they enjoyed the sessions. Based on this feedback, Gunderman says the department

hopes to conduct multiple conferences like this each year and use what they learn to improve patient care.

"Most radiology residents are in their 20s, and, fortunately, most of them haven't faced too many serious illnesses during their lives," Gunderman explains. "Unless you have experienced it yourself, it can be difficult to appreciate what it's like to be told you have cancer or another serious illness. Getting to interact with these patients offers an opportunity to see it through their eyes."

Rincker agrees that the patient presentations were an important milestone of her training. "It's such a good reminder of why we get into medicine," she says. "A lot of physicians get lost in the daily work and forget why they got into medicine and how much it means to people, how much they can help change the course of someone's life. Hearing from patients in this way helps you retain that perspective."

Next Steps

- Ask patients whether they'd be willing to share their experiences in radiology with trainees at a teaching conference or other type of meeting.

- Create a dialog with patients by asking a few questions that prompt them to share their stories and allow trainees to chime in with questions of their own.
- Survey radiologists, residents, and other attendees after the patient interaction to gauge the impact and assess potential changes that could be made to address patient concerns.

By Alyssa Martino

FOR DISCUSSION

What opportunities do you have in your practice to invite patients to share their stories?

How can you reach out to patients to invite them to share their stories with your team?

What value would hearing directly from patients about their healthcare experiences bring to your team?

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"Everyone doesn't have to do everything, but everyone can do something to move towards Imaging 3.0."

Geraldine B. McGinty, MD, MBA, FACR,
Chair, ACR Board of Chancellors



Walk and Talk

Vanderbilt University's radiology chair champions walking meetings for stronger connections and increased exercise.

KEY TAKEAWAYS

- The chair of radiology at Vanderbilt University Medical Center holds walking meetings with everyone from hospital CEOs to faculty candidates.
- Walking puts participants at ease for more meaningful conversations, while also allowing them to experience the university's Nashville, Tenn., campus.
- Radiologists can use walking meetings to interact with colleagues while also getting exercise.

A lot has been said in recent years about the negative impact that sitting all day can have on the physical and mental health of workers who spend most of their time in front of a computer. Workers are encouraged to abandon their desks often to stretch their legs, rest their eyes, and clear their minds — and radiologists are no exception.

At Vanderbilt University, Reed A. Omary, MD, FACR, professor and chair of the department of radiology and radiological sciences and professor of biomedical sciences at the university's medical center and school of medicine, is championing a complementary practice called walking meetings. The concept is simple: Instead of holding meetings in his office or a conference room, Omary

often invites attendees to talk while they walk around the university's Nashville, Tenn., campus.

Omary has held walking meetings with everyone from renowned neurosurgeons to fellows, discussing everything from health-care policy to departmental job openings. He has found that, in addition to being good exercise, walking facilitates free conversations and serendipitous encounters that aren't likely to occur in a meeting room.

"Walking relaxes people and helps them open up," says Omary, who is also the director of Vanderbilt's Medical Innovators Development Program. "It allows us to have more meaningful conversations than if we were sitting across a conference table, which ultimately leads to better outcomes from the meetings."

Inspired Discussion

Omary held his first walking meeting on the spur of the moment about five years ago. It was a nice day, and when the person he was meeting with arrived, he suggested that they take a walk outside. The approach fostered such a positive cognitive and physical experience that Omary started planning regular walking meetings whenever the weather was favorable, even asking guests to bring appropriate footwear for the occasion. "The more I did it, the more I realized the benefits over conventional meetings," says Omary, who often shares selfies from his walking meetings on Twitter (@ReedOmary). "Like sitting down with someone over coffee or taking someone out to dinner, walking tends to make people be more present with one another — and it has the added benefit of being good for your health."

As Omary made walking meetings part of his regular schedule, he came across the Latin phrase *solvitur ambulando* in a poem by Billy Collins. The phrase, which means "it is solved by walking," resonated with Omary, who realized that what he was doing wasn't



Reed A. Omary, MD, FACR, professor and chair of the department of radiology and radiological sciences, offered Courtney M. Tomblinson, MD, a faculty position during a walking meeting in the summer of 2018.



Omary and Tomblinson have gone on multiple walking meetings together. Tomblinson says the approach puts people at ease and allows recruits to envision themselves in the place where they will be working.

unique or fanciful — its benefits are scientifically noted. In fact, studies show that walking increases creativity and ideation, which are critical to improving problem-solving and decision-making skills.¹ “The concept goes back to many ancient cultures, including the Greeks,” Omary explains. “It’s the notion of philosophers walking with their students, and some religious traditions incorporate it, too. It’s a way of clearing the mind, getting some exercise, and engaging more fully with one another.”

In this vein, many of Omary’s walking meetings involve discussions about philosophical topics like how choosing challenges that pose a real risk of failure can lead to more fulfilling careers. He finds that during the meetings, the conversations often meander and delve into a range of topics, just as the path walked often veers from one route to another. “Your mind kind of wanders as you walk, and ideas pop into your head as you see things,” he explains. “You think of solutions and concepts that might not occur to you otherwise, and you can talk through those ideas with people while you’re walking.”

Powerful Experience

Omary especially likes to incorporate walking into meetings with visiting professors and other guests, when the weather is good. He also prefers walking meetings when talking with medical students about radiology and when recruiting fellows and faculty candidates to his department. “It offers a great

opportunity to showcase our campus when we have visitors or are recruiting new hires,” Omary says. “Over the past several years, *The Princeton Review* has ranked Vanderbilt anywhere from the No. 1 to the No. 3 most-beautiful campus in America, so we want to show it off. Instead of talking about what it’s like to be at Vanderbilt, walking allows people to experience it.”

A walking meeting was the approach Omary took when he interviewed Courtney M. Tomblinson, MD, for a fellowship position and again when he offered her a faculty position in the summer of 2018. Tomblinson says she was a bit surprised when she found out that Omary wanted to take her on a walk for her fellowship interview, but the experience reinforced her interest in Vanderbilt. “It’s a stimulating exercise that allows you to take a breath of fresh air, both figuratively and literally, putting you at ease,” Tomblinson says. “It gives you a chance to actually envision yourself in the place where you’ll be working, not just in the reading room, but the location where you will be spending your time and your life. I thought that was really powerful.”

Richard Duszak Jr., MD, FACR, FRBMA, professor and vice chair of health policy and practice in the department of radiology and imaging sciences at Emory University School of Medicine, also remembers having a walking meeting with Omary. Duszak was speaking at Vanderbilt a few years back, when Omary simply asked if he wanted to walk and see the campus while they talked. As someone who initiates a lot of his own walks (although he doesn’t call them walking

meetings) and who often walks around while on phone calls, Duszak welcomed the idea of walking and talking with Omary. “I was still the chief medical officer of the Neiman Health Policy Institute then,” Duszak recalls. “We talked about what I was doing there and about our career paths. In the process, I got to see some of the campus; it was fun.”

Benefits and Conditions

In addition to allowing people to experience Vanderbilt, one of Omary’s favorite things about walking meetings are the chance encounters that often occur. It’s not unusual for Omary to bump into someone he knows during a walking meeting, which gives him an opportunity to introduce his meeting partners to someone new.

For instance, Tomblinson recalls that during her fellowship interview she and Omary ran into Lucy B. Spalluto, MD, director of Vanderbilt’s Women in Radiology program. “When I returned to my residency program in Arizona, I got involved in the American Association for Women Radiologists, where Dr. Spalluto was on the board,” Tomblinson explains. “The only reason I knew her was because Dr. Omary had introduced us during our walking meeting. That gave me a reason to reach out to her, and she has been an inspiration to me ever since.”

Another benefit is that walking meetings help reveal people’s character. For example, Omary was impressed when the leaders of two different hospitals stopped to pick up litter from the ground. “It’s really interesting to watch how somebody reacts when they see something that they didn’t cause, but they take the time to fix it,” Omary says. “Whether it’s picking up trash or smiling at someone who’s walking past, you see the way they interact with other people and their surroundings; you witness their body language. These details are especially important during interviews. We aim to recruit people who treat others with respect. It can be difficult to assess this trait in a one-on-one meeting in a conference room.”

While walking meetings have many advantages, they also have limitations. For instance, Omary doesn’t hold walking meetings when the meeting involves a large group or inherently requires a formal

approach. He also refrains from walking meetings when participants need to view a presentation or take notes, when the weather is bad, if the participant doesn't have comfortable footwear, or if the participant doesn't want to walk around campus or has a physical disability. "People are diverse, and we have an obligation to be inclusive," Omary explains. "It's important to recognize that not everyone is physically able to walk and that some people just might not be up for it — and that's OK."

Workstation Break

For radiologists who spend much of their time sitting at a workstation, though, walking meetings can provide a much-needed respite. Tomblinson says that at the end of each walking meeting she's had with Omary, she's felt reinvigorated. "They say that you're supposed to take breaks, and even just a 10-minute walk can really help you hit the reset button and re-energize you," Tomblinson says. "I left both of my walking meetings with Dr. Omary with new ideas about things that interest me and things that I am working on that I wouldn't have thought about otherwise. It's so uplifting to be outside; it's a great way to recharge."

Radiologists who feel as though they don't have time to fit walking meetings into their jammed schedules are encouraged to draw inspiration from the meeting format and take short breaks whenever possible. While it may seem counterintuitive, studies show that people who take breaks have greater focus and job satisfaction.² For Duszak, making time for walks — especially on his busiest days — is imperative. "Personally, if I sit for too long, my back starts to hurt, so I'm really deliberate about getting up and moving," he says. "Even a 3-minute loop around the department can make a difference. It may take me away from my immediate work for a few minutes, but it makes me more productive in the long run."

Whether radiologists plan walking meetings into their schedules or take serendipitous walking breaks, both approaches can offer an opportunity to get out of the reading room and be more visible and available to colleagues, referring physicians, and other care partners. "One of the great things about being in radiology is how we connect with others," Omary says. "We're really the



PHOTO COURTESY OF VANDERBILT UNIVERSITY

Walking meetings give Omary a chance to showcase Vanderbilt's campus, which *The Princeton Review* has named one of the country's most-beautiful university campuses.

hub of any healthcare system; everything runs through radiology. Walking meetings are a physical way of experiencing the critical position that we hold in patient care. They can help remind us how our work is interrelated to a greater cause."

By Jenny Jones

ENDNOTES

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Next Steps

- Instead of meeting in your office or a conference room, invite meeting participants to walk and talk (and suggest that they wear appropriate footwear for the occasion).
- Ensure the meeting doesn't require participants to view visual aids, take a lot of notes, or involve a large group of people.
- During your walking meeting, take in your surroundings and allow the conversation to flow along with your route.

FOR DISCUSSION

What types of conversations do you hold that would work well as walking meetings? How can you work walking meetings into your existing schedule?

Where can you hold walking meetings? What challenges do you foresee, and how can you overcome these challenges?

How can you and your colleagues use walking meetings to stay active and reduce burnout?

A Direct Line to Radiologists

Radiologists in Colorado are adding their phone numbers to radiology reports, making it easier for referring physicians and patients to reach them for consultation.

KEY TAKEAWAYS

- Radiologists with Diversified Radiology started including the reading room phone number in their reports to give referring physicians, and eventually patients, an easy way to contact them with questions.
- The effort was one of several that helped the radiology team achieve the highest referring physician satisfaction rating in their practice — which increased from about 85 percent in 2009 to 95 percent by 2014 and continued to climb to 98 percent in 2018.
- Attention from group leadership, national publications, industry associations, and local competitors helped Diversified's radiologists scale this initiative throughout their practice.

When surgeon Kimberly Vanderveen, MD, orders imaging studies for patients at the Denver Center for Endocrine Surgery, she often speaks directly with radiologists to discuss their interpretations. But getting in touch with them hasn't always been easy. For years, locating a case's interpreting radiologist required a lot of effort.

"It's incredibly helpful to have conversations with radiologists about subtle impressions that are difficult to explain in a report," says Vanderveen, who is also medical director of Rose Medical Center's Thyroid and Parathyroid Center. "But talking to them usually required me to make a bunch of phone calls or to go to the hospital to track them down."

When Craig M. Kornbluth, MD, a body imaging subspecialist with Diversified Radiology and chair of the radiology department at Rose Medical Center, heard that referring physicians like Vanderveen were having trouble getting ahold of the radiologists on his team, he decided to address the issue. To make it easier for clinicians to reach him with questions, Kornbluth started including the reading room phone number in his reports about 10 years ago.

Since then, this simple initiative has gradually spread across Diversified Radiology's entire practice. Now, all 60 radiologists in the practice list a phone number in their reports, making themselves more accessible not only to referring physicians but also to patients — resulting in more collaborative care.

Giving Physicians Access

Kornbluth got the idea to insert the reading room phone number into his reports from a consultation note that another specialist sent to a primary care physician. "It basically said, 'Thank you for allowing me to care for your patient. If you have any questions about my report, please call me at this number,'" Kornbluth recalls.

Kornbluth appreciated this verbiage because it accomplished two things: First, it



Craig M. Kornbluth, MD, diagnostic radiologist and body imaging subspecialist at Diversified Radiology and chair of the department of radiology at Rose Medical Center in Denver, added the reading room phone number to his reports several years ago to give referring physicians an easier way to contact him.

expressed gratitude in a collaborative tone, and second, it offered an easy way for referring physicians to reach out.

Recognizing the strategic nature of this simple gesture, Kornbluth added a similar message to the end of his reporting template, and referring physicians immediately responded favorably. "Doctors said they could get in touch with me faster, because the number was right in the report," Kornbluth says. "They didn't have to look through a Rolodex or dial through a phone tree, so the feedback was universally positive."

The initiative was especially valuable to referring physicians outside of Denver who send patients to the hospital. "Rose is a regional referral center, so a lot of patients come from several hours away," Vanderveen says. "These ordering physicians might not have a direct line to the radiology department here. Offering access to the radiologist who read their patient's report is great customer service."



Simply adding phone numbers to findings reports has made radiologists more accessible to patients and to referring physicians like Kimberly Vanderveen, MD, president and founder of the Denver Center for Endocrine Surgery and medical director of the Rose Medical Center Thyroid and Parathyroid Center.

Gaining Validation

Once Kornbluth started getting positive feedback from referring physicians, his colleagues took notice. He asked the other four body imaging subspecialists in his group to include callback numbers in their reports, and the positive feedback multiplied.

The team shared this feedback throughout the practice and the broader radiology community. Jennifer L. Kemp, MD, FACR, body imaging specialist and vice president at Diversified Radiology, talked about the group's accessibility initiatives at national Radiological Society of North America meetings, and even gained coverage in *The New York Times*. ([Read the article at bit.ly/ReducingUncertainty](https://www.nytimes.com/2018/03/26/health/radiology-accessibility.html))

"The positive press coverage validated it and spurred other radiology practices across the country to include phone numbers in their reports, too," says Marc Sarti, MD, body imaging subspecialist at Diversified Radiology. "Members of our practice became much more open to providing their phone numbers when they saw other radiology groups doing it, too."

On top of that, Diversified Radiology's board of directors asked Kornbluth to speak at the company's annual retreat about how

the team at Rose was earning the highest referring physician satisfaction scores in the practice — which increased from about 85 percent in 2009 to 95 percent by 2014. Kornbluth explained that the phone number inclusion effort was one of several customer service initiatives that helped improve relationships with referring physicians and increase the group's high satisfaction scores.

These results encouraged more of the group's radiologists to add their contact numbers to their reports. "The initiative gained momentum over time because radiologists just realized it was the right thing to do," Kornbluth says.

Referring physicians have appreciated the effort, and Diversified Radiology's satisfaction scores have continued to climb — reaching 98 percent in 2018. "The radiologists' accessibility has been fantastic," Vanderveen says. "Now that they publish their phone numbers in their reports, I don't have to go through five other steps to get ahold of the interpreting radiologist. This initiative has greatly improved the trust and speed of communication between our teams."

Inviting Patients to Engage

The phone numbers initially made the radiologists more accessible only to ordering physicians, who were the sole recipients of the reports at the time. But since then, Diversified Radiology's contracting hospitals have rolled out patient portals that give patients access to their reports — essentially opening the phone lines to patients, too.

Knowing patients would have access to the phone numbers made some radiologists nervous at first. "Our radiologists enjoy the diagnostic role of conversing with other clinicians, but some of them were uncomfortable injecting themselves into direct patient care," Kornbluth says. "They were concerned about being inundated with phone calls from patients, but that hasn't been the case."

Other radiologists worried that talking with patients directly about their findings would infringe on the ordering physician's role. "I was a little uncomfortable because I had previous instances at another hospital where I talked with patients who called about their results, and the response from referring physicians was unfavorable,"

Sarti says. But he soon realized that those concerns were overblown — especially at Diversified Radiology, where radiologists have built strong relationships with referring physicians over time.

The most common calls that the radiologists receive, from referring physicians and patients alike, ask them to simply explain abnormalities noted in their reports. "Benign lesions in the liver and kidneys sound very ominous if you don't know what they are," Kornbluth says. "I'd certainly rather have patients call me than search Google."

When patient Robert B. Crew saw the report from his imaging exam, the results looked as foreign to him as Latin — so he called the number at the bottom and asked Kemp, who is also vice chair of the radiology department at Rose, to translate her findings.

"I was so impressed by her accessibility and her willingness to speak with me," says Crew, a senior judge in the Denver County Court. "I've never talked to a radiologist before; usually, you don't even get to see the report. Having her thoroughly explain her findings was a very positive experience for me. It gave me great comfort to get an immediate diagnosis, rather than waiting a couple of weeks for an appointment with my referring doctor."



Jennifer L. Kemp, MD, FACR, vice president of Diversified Radiology and vice chair of the department of radiology at Rose Medical Center, helped drive the phone number initiative throughout the practice and across the broader radiology community.



Marc Sarti, MD, diagnostic radiologist and body imaging subspecialist at Diversified Radiology and medical director of radiology at Presbyterian/St. Luke's Medical Center in Denver, says this initiative has had no negative impact on his workflow.

Closing the Loop

Kornbluth estimates that he gets several referring physician phone calls per hour, while patients call once or twice a day. Sarti, who spends most of his time at another Denver hospital with different referring providers and a smaller patient population, says he receives calls from referring physicians several times a week and from patients once or twice a month.

"The number of interruptions is minimal, so it hasn't impacted my workflow at all," says Sarti, who is also the medical director of radiology at Presbyterian/St. Luke's Medical Center. "The rare times that you do get to talk to a patient, it can be extremely rewarding. It's a good reminder that you're not just reading films — you're treating patients."

Though patient calls are relatively infrequent, radiologists keep referring physicians in the loop about these conversations to ensure everyone is on the same page. For example, if Sarti speaks with a particularly concerned patient or discusses any significant findings, he'll immediately call and loop in the referring physician. If patients ask about follow-up imaging, ongoing treatment, or other next steps, the radiologists routinely direct them back to their referring providers.

"The few times I do get calls from patients, I'm always careful about discussing their

findings," Sarti says. "I'll say, 'Here's what I see, but you have to discuss these findings with your primary doctor, because I don't know how this will impact your treatment.' If something significant is discussed, I'll reach out to the referring doc immediately and fill them in."

Ongoing collaboration and communication are keys to the initiative's success and are pivotal to improving patient care. "If you don't make it easy for referring physicians and patients to communicate with you, you can't improve the quality of care," Kornbluth says. "Radiologists were traditionally like the *Wizard of Oz* behind the curtain; nobody knew what we really did. This gives us a chance to educate patients about how important we are to their healthcare."

Instituting a Change

Kemp shepherded the phone number initiative into a new phase two years ago, when she presented it to Diversified Radiology's operations committee, which she chairs. The committee discussed how to effectively scale it from a voluntary effort to a group-wide standard without going so far as to mandate it.

"We decided that we wanted to have a name and phone number at the bottom of every report, but we gave radiologists some leeway to decide which phone number to include," Kemp says. "We set the expectation that all radiologists would comply."

Kornbluth met individually with radiologists who were hesitant to share their phone numbers. He explained that this was an important customer service initiative for referring physicians and patients that other groups were starting to emulate.

Those radiologists who didn't initially comply weren't necessarily against the idea; they were just reluctant to change their routines and their report templates. Over the past few months, the operations committee has developed several standardized templates for radiologists — all of which include contact information by default.

Now, almost all of the practice's radiologists include contact numbers in their reports. Most use the reading room number, while others list the number for the group's internal assistant, who transfers callers directly to the interpreting radiologist who read the case in question. This seemingly small effort has

been a critical step toward collaborating more effectively with referring physicians and consulting directly with patients.

"We're starting to see more radiology practices adopt this because it's just better for patient care," Kornbluth says. "So much can be gleaned by talking to the referring physician and even the patient, from both a clinical excellence and a customer service standpoint. Asking them to go through phone trees or spend time looking up reading room numbers is really poor service, so it's time to get on board."

Next Steps

- To pilot a similar initiative in your practice, start with a small group of radiologists who already communicate regularly with referring physicians.
- Decide which phone number you want people to call, and add it to a structured reporting template for easy implementation.
- Share positive feedback throughout your practice from referring physicians and patients who call you; this builds buy-in and reassures radiologists who are reluctant to include their phone numbers.

By Brooke Bilyj

FOR DISCUSSION

What process do referring physicians currently follow to contact radiologists in your department or practice? Is the process meeting everyone's needs for delivering the highest quality patient care?

What hurdles do you envision when including your reading room or direct phone numbers in your reports? How can you overcome these hurdles and convince your colleagues to include their contact information in their reports?

How can you prepare your team to respond to phone calls from referring physicians and patients?

Focus on the Patient

Radiology faculty candidates interview with patients as part of a Minneapolis medical center's commitment to patient-centered care.

KEY TAKEAWAYS

- The chief of radiology at Hennepin Healthcare spearheaded an initiative in which patients interview radiologist job candidates.
- The approach emphasizes Hennepin's commitment to patient-centered care and makes it clear that its radiologists are expected to interact compassionately with patients.
- The patient interview requirement often surprises job candidates, but they quickly get the message that "it's all about the patient."

Doctors hoping to work at Hennepin County Medical Center (HCMC) under the direction of Chip L. Truwit, MD, FACR, chief of radiology, quickly learn that he and his team are serious about providing patient-centered care.

So serious, in fact, that Truwit took the unusual step of requiring radiology faculty candidates to interview with one or more patients.

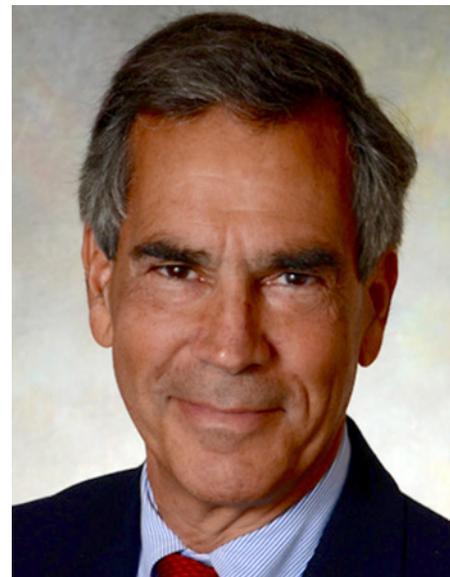
"We need our radiologists to understand that while much of radiology is performed in dark rooms, for us, a big part of the job includes one-on-one time with patients, explaining procedures and results any time a patient requests to speak with one of us," Truwit says. "Involving patients in the interview process sets the tone and makes it clear that we don't just talk about patient-centered care, we deliver it."

Renewed Focus

Truwit conceived of the initiative after attending a local patient experience conference. He says he had an "awakening" when he realized that many radiologists, himself included, "had lost sight of the core things we need to be doing, such as focusing on the patient and remembering why we became doctors."

With a renewed commitment to patient-centered care, Truwit approached Sheila Delaney Moroney, director of patient experience services at Hennepin, about the patient interviews. He suggested recruiting medical center staff members who are or have been patients to conduct the interviews. Moroney loved the unorthodox idea and agreed to help develop the program.

"It immediately sends a signal to the candidate that interacting with patients and partnering with them to co-produce their care is paramount to us," Moroney says. "It sends the message that we care about this, and if you don't feel the same way, this isn't the place for you."



Chip L. Truwit, MD, FACR, chief of radiology at Hennepin County Medical Center, started an initiative that requires radiology faculty candidates to interview with not only hospital staff but also patients.

The Interviews

Truwit and Moroney have since developed a roster of patients who have undergone procedures at Hennepin and are available to interview candidates, as needed.

They give the patients a suggested list of questions, but the patients are free to stray from the script. Interviewers focus on how doctors engage family and caregivers, how they work in a team environment, and how they ensure patients understand every aspect of their care.

One such patient interviewer is Marianne Knutson, who has a chronic condition that causes her body to produce excess spinal cord fluid. As someone who has had 28 spinal taps, eight brain surgeries, and two brain infections, Knutson asks doctors how they would care for a "frequent-flyer" patient like her.

"If they can't answer, that's a flag," Knutson says. "To get a well-rounded radiologist and employee, you need someone who can take care of patients and ease their fears. If you don't, often the patient won't follow the treatment because they won't understand it. Being able to communicate with patients and families makes a huge difference."

Following the interview, Truwit and his hiring team meet with the patient to discuss his or her impressions, which inform the hiring process.

Physician Reaction

Truwit says the approach surprises some candidates, most of whom appreciate the experience. "We usually receive positive feedback, both from the patients and the candidates," he says. "Some potential candidates say, 'Holy smokes, I have a lot to learn!'"

David C. Swanson, MD, an interventional radiologist at HCMC, was one of the first doctors to interview with a patient. "At first, it was a little startling to have a patient asking questions, but after a few minutes, the interview felt very comfortable," he says. "It certainly helps radiologists improve their bedside manner, which, frankly, we have not always focused on in our training."

This is critical because meeting with patients is an expected part of the job at Hennepin, where all of the radiologists engage with patients, Truwit says.

Patient Centered

Since instituting this approach about five years ago, Truwit has shared his patient interview process with Hennepin's other departments and leadership, and at least one committee has followed his lead to include patients in its interview process.

In addition to the interviews, patients sit on advisory panels and attend board meetings at Hennepin. These efforts are all part of a strategy to ensure that staff is listening to the most important people in the hospital — the patients.

"Anyone who's going to work here must understand that patients are our number one priority," Truwit says. "We're on a journey with them, and we need to make their experience as favorable as possible."



Sheila Delaney Moroney, director of patient experience services at HCMC, says the interviews send the message that the department is committed to patient-centered care.

Next Steps

- Enlist an in-house patient experience representative, if one is available, to help create the program, champion it, and disseminate it to other departments.
- Develop a list of patients who can be called upon to interview candidates. One place to start is with staff members who have been or are patients.
- Be clear about the patient's role. The patient interviewer is not making the hiring decision, but gauging how a candidate responds to patients and informing the hiring process.

By Chris Togneri

Hennepin County Medical Center's Patient Interview Questions

- 1 Key to an extraordinary patient experience is engaged staff and healthy teamwork. What tactics do you use to ensure that you work as a team with your colleagues?
- 2 What do you feel is the role of the physician in ensuring that we at HCMC provide patient- and family-centered care?
- 3 What do you personally do to actively partner with patients and their families in your work?
- 4 True shared decision-making is realized when an authentic consensus is reached with a patient about his/her treatment or care plan. How do you think shared decision-making can be employed?
- 5 What do you think the role of the family is in the patient experience?
- 6 Is there one thing you have done in your past that you feel has really impacted the patient experience?

FOR DISCUSSION

What information can you glean by involving patients in your interview process, and how can you use that information when making hiring decisions?

How can you recruit patients to help interview job candidates in your department or practice?

How can involving patients in your interview process help strengthen your culture of patient-centered care?

Hello Rounds

A Milwaukee radiologist greets and converses with patients to make them feel more at ease.

KEY TAKEAWAYS

- For several years, radiologist Ian A. Weissman, DO, FACR, has conducted “Hello Rounds” to greet patients awaiting treatment at the Milwaukee VA Medical Center.
- Inspiration to conduct these rounds came from time spent learning from innovative leadership practices discussed at the Radiology Leadership Institute® (RLI) ([Learn more at acr.org/RLI](http://acr.org/RLI)).
- The rounds increase radiologists’ visibility to both patients and clinical staff, emphasizing a team approach to patient care.

On a recent busy day in the Milwaukee VA Medical Center’s radiology department, radiologist Ian A. Weissman, DO, FACR, emerged from the reading room to find four patients on stretchers in the hallway, awaiting care.

While it is not uncommon to find patients waiting just outside of the reading room, four was a particularly high number at once. Still, Weissman was not discouraged from greeting each patient with a smile and a “hello.” Instantly, the patients lit up, and both Weissman and the patients were in happier moods, with Weissman even feeling a renewed sense of purpose.

Thinking Differently

Weissman has been conducting these “Hello Rounds” in his department for several years. During the rounds, he leaves his reading room and says hello to each radiology patient he encounters. If the patient wants to engage in conversation, Weissman usually exchanges pleasantries or asks if the patient needs anything. When patients learn he is a radiologist, some are surprised while others are unfamiliar with who radiologists are entirely. This interaction gives Weissman the opportunity to provide more information about radiological care and to demystify the role that radiologists play in patient care.

Weissman conducts these rounds five to eight times a day, with each encounter lasting just a few minutes and taking very little time away from his traditional work. The rounds are informal, so Weissman doesn’t document the names of the patients he talks with or track them in any way. He does it simply to put patients at ease and to let them know that someone cares.

“Most people assume that these patients are being taken care of and walk past them like they’re fixtures in the hallway,” Weissman says. “Nothing is lonelier or scarier than being on the stretcher in a hospital, waiting for



Ian A. Weissman, DO, FACR, staff radiologist at Milwaukee VA Medical Center, implemented “Hello Rounds” in his department. During these rounds, he greets patients who are awaiting radiology treatment, helping them feel more at ease.

something to happen. Just acknowledging these patients can reduce their anxiety.”

Getting Inspired

Weissman’s involvement in the ACR’s Radiology Leadership Institute® (RLI), a professional training program specifically designed for radiologists, motivated him to begin conducting these rounds. “At RLI, leaders share ideas about how to improve our profession,” Weissman says. “I am consistently impressed with their innovative approaches to care, so I adapt those approaches to my own practice.”

At one RLI event, ACR Board of Chancellors Chair Geraldine B. McGinty, MD, MBA, FACR, inspired Weissman to begin connecting with patients. “Dr. McGinty stressed the importance of arriving to work through the front entrance, not the back,” Weissman says. “The idea is to encourage

radiologists to see and engage with patients. I thought, 'Wow, yeah. That makes a lot of sense. I think I can positively impact patient care by doing that.' So, I began to walk into work through the waiting room and started engaging with patients as soon as I arrived at work."

But Weissman wanted to do more. Sabiha Raof, MD, FACR, chair of radiology at Jamaica Hospital Medical Center and Flushing Hospital Medical Center in Queens, N.Y., was particularly influential in his next steps. Following her own breast cancer diagnosis and treatment, Raof began conducting "Make a Difference (MAD) Rounds" at her hospital. ([Learn more at acr.org/i3cs-patient](http://acr.org/i3cs-patient)) During these encounters, Raof visited patients in their rooms and asked if they needed anything. This program has since evolved to include several teams of individuals who perform these rounds.

After hearing Raof discuss MAD rounds at an RLI event, Weissman adapted her concept to the radiology halls of his own medical center, asking the patients he sees whether they need anything — perhaps a warm blanket or an extra pillow.

Benefiting Patients

While Weissman was eager to interact with patients in this way, he was initially hesitant. "I wasn't sure how the patients would receive me," Weissman says. "I made this assumption that sick patients might not want to speak with me, and maybe I should leave them alone. However, that has never been the case."

Once Weissman started making the rounds, he immediately saw how even this small interaction could have a big impact on the patient experience. "Acknowledging these patients brings them back into the moment and makes them feel better," he says. "This is something anyone can do to show patients that we care about them."

Catherine Giannese, a registered radiology technologist at Milwaukee VA Medical Center, has observed these rounds and the positive impact they have on patients. "Inpatients especially feel like they go unnoticed as they await care because many doctors lose the patient care focus and think only about the patient's procedure or

treatment," she says. "Dr. Weissman's rounds make patients feel like they are still people despite being ill, on a stretcher, and under a pile of blankets."

Connecting the Team

Patients aren't the only ones who benefit from the rounds; Weissman also gets a lot out of the encounters, especially on frustrating or exhausting workdays. "On busy or challenging days, these rounds might take more effort, but I never skip them," Weissman says. "When I get that positive feedback from patients, it perks me up a bit. The benefits are a two-way street."

What's more, the rounds allow other staff members to connect more closely with the radiologists and better understand radiology's role on the care team. "When we don't see the doctors interacting with the patients, it can feel like they are disconnected from the care process," Giannese explains. "These rounds emphasize how each person on our team is equally important to the care process and make it clear that we are all here for the same purpose — to help patients."

Weissman encourages radiologists to modify his "Hello Rounds" to meet the needs of their individual workdays and practices and to consider how much it can mean to patients. "I don't think patients value a fancy lobby with waterfalls," Weissman says. "What they value is being treated like family members. Saying hello seems like a small gesture, but it can have a big impact."

Next Steps

- Begin shifts by arriving through the front door and engaging with patients on the way into work.
- Greet patients with a smile and a "hello," and make a point to interact with patients in waiting areas.
- Make patients feel more at ease in treatment areas. Ask if they would like a blanket, or simply engage them in conversation.

By Chelsea Krieg



Catherine Giannese, registered radiology technologist at Milwaukee VA Medical Center, has witnessed "Hello Rounds" and emphasizes the significant impact they have on both patient and clinical staff morale.

FOR DISCUSSION

How often do you pass through your practice's waiting room and talk with patients?

What prevents you from speaking with patients in the waiting room, and how can you overcome this challenge to make it part of your routine?

How can talking with patients in the waiting room improve patient care and increase your own job satisfaction?

Just a Call Away

Radiologists give referring providers their direct phone numbers, increasing their role as partners in care.

KEY TAKEAWAYS

- Radiologists in North Carolina developed a phone-based program to improve communication with referring providers.
- The radiologists send their schedules, direct extensions, and cell phone numbers to referrers every week.
- The program improves communication between radiologists and referring providers, enhancing patient care.

The radiologists at Lumberton Radiology Consultants in Lumberton, N.C., thought they had a good system in place for communicating with referring providers: A clinician would call with a question about a study, the radiology group's clerical staff would take a message, and the appropriate radiologist would return the call as soon as possible.

But the system drew constant complaints from referring physicians. Rather than leaving a message and waiting for a radiologist to return their call, a process that sometimes delayed patient care, referring providers wanted to speak directly with a radiologist who could immediately answer their questions.

"We were filtering their requests through our clerical staff, thinking it would be more efficient if we called them in between cases," says James E. S. Parker, MD, assistant professor at Campbell University School of Osteopathic Medicine and chief executive officer of Lumberton Radiology Consultants. "But it really wasn't effective, and it infuriated a lot of providers. So we decided to make a decisive change."

Resolution

The radiologists met with several referring providers to discuss possible solutions to the issue. After considering a text-based application that was ultimately deemed too cumbersome, the radiologists established a simple phone-based program that allows referrers to call them directly any day of the week. Here's how the program works:

- The radiology group uses an online marketing service to send an email to referring providers every Monday morning, outlining the radiologists' schedules for the week.
- It details which radiologists are working which days, the four-digit extension at which each radiologist can be reached, along with their cell phone numbers — just in case.



James E. S. Parker, MD, assistant professor at Campbell University School of Osteopathic Medicine and chief executive officer of Lumberton Radiology Consultants, helped launch a program that ensures the group's referring physicians have each radiologist's appropriate contact information for the week.

When the radiologists launched the program two years ago, they promoted it during departmental and committee meetings and through announcements at the medical staff office. Today, they continue to add any referring physicians who are interested in the weekly email, which currently goes out to about 170 providers.

"If somebody calls our front desk who isn't already receiving our email, we'll offer to add them to our contact list and say, 'The next time you call us, it will be easier, because you'll know exactly where all of the radiologists are, and you can consult with them directly,'" Parker explains.

Results

The radiologists initially worried that the calls might disrupt their workflow, but that hasn't been the case. "I think most of our radiologists actually find it satisfying to resolve these issues quickly over the phone and help the

providers out there," says Parker, adding that the group receives about six calls a day.

Troy M. Sterk, DO, chairman of the department of medicine and hospitalist at Southeastern Regional Medical Center, who is also an ED provider with the Veterans Administration, says the program has greatly improved communication among ordering physicians and radiologists, and has, in turn, enhanced patient care. "Over the last 10 to 20 years, we've become very fragmented in medicine, but with programs like this connecting all of the services, we get a better overall evaluation of the patient and avoid unnecessary delays in care," he says.

What's more, the program has helped the radiologists integrate more closely into the patient care team. "It's dramatically improved the reputation of the radiologists for being helpful and collegial with our medical staff, which pays big dividends when you're in a complex healthcare system," Parker says.

Next Steps

- Meet with referring providers to understand communication pain points.
- Send your radiologists' schedules and direct contact information to referrers in a weekly email.
- Add referring providers to the email along the way.

By Jenny Jones

FOR DISCUSSION

What steps do referring physicians currently have to take to connect with radiologists in your practice?

What pain points do referring physicians currently encounter when communicating with your practice?

How can you let referring physicians know how to directly contact the radiologists in your practice each day?

Getting Started with Value-Based Care

Increase your quality with these quick to-dos



Reach out to referring providers about appropriate image ordering



Provide educational materials to help patients prepare for and understand their imaging exams



Hang pictures of your group's radiologists in the lobby for patients to see



Include your name and phone number at the bottom of your findings reports



Enter your practice through the lobby and say hello to patients waiting for care



Attend tumor boards and join committees to give radiology a face in your organization



Provide referring physicians with a phone number where they can reach you for consultation



Deliver your findings directly to patients in person, on the phone, or in virtual consultations



Enroll in the Radiology, Support, Communication and Alignment Network (rscan.org) to encourage clinical decision support implementation at your institution



Hold walking meetings to get out of the reading room and engage more fully with colleagues



Ask patients, referring physicians, staff, and other stakeholders for practice improvement ideas

Mapping Possibilities

Ohio radiologists use an innovative approach to identify the hassles that patients and providers face when interacting with their practice.

KEY TAKEAWAYS

- Radiology Associates of Canton, a Radiology Partners practice, created a hassle map to identify and address the hurdles people face when interacting with the practice.
- Radiology leaders gathered input from other physicians, technologists, staff, and referring providers for the project.
- The resulting hassle map is helping the radiology practice recognize and resolve its friction points for improved patient care.

Often the first step toward improvement is acknowledging one's imperfections. That's what the team at Radiology Associates of Canton, a Radiology Partners practice, did when it embarked on a project to document the hassles that patients, referring providers, and others face when interacting with the practice. The result is a tool that is helping the group recognize its friction points — and, perhaps more importantly, do something about them.

Radiology Associates started the project in late 2016 at the suggestion of leaders from Aultman Hospital, which has a co-management agreement with the group. ([Learn how the practice forged this agreement in this Imaging 3.0 case study at *acr.org/Better-Together*.](#)) At the time, Aultman's chief executive officer had just learned about hassle maps — tools that examine the challenges that people face when interacting with services, systems, and products — and thought that these maps could help the hospital's 20 care collaboratives (also known as service lines), including radiology, improve their workflow and increase patient satisfaction.

When radiology leaders learned about the approach, they immediately recognized its potential and began working with their radiology colleagues, technologists, staff, and referring providers to identify the group's hassles — including everything from scheduling delays to lack of standardization. Now the team is using its hassle map ([acr.org/Radiology-Hassle-Map](#)) to guide its efforts toward enhanced value and improved patient care. "This project has allowed us to finally recognize these issues and remove these obstacles to care," says Syed F. Zaidi, MD, MBA, vice president of clinical operations for Radiology Partners and medical director of co-management for the imaging service line at Aultman Hospital.



Syed F. Zaidi, MD, MBA vice president of clinical operations for Radiology Partners and medical director of co-management for the imaging service line at Aultman Hospital, co-led his group's hassle map project.

Getting Started

Kristen M. DeDent, executive director of process improvement at Aultman, initiated the hassle map project across the hospital, rolling it out to radiology, surgery, and pharmacy first. To start, she met one-on-one with the leaders of each care collaborative to teach them about hassle maps and instruct them how to leverage the tools with their teams. "We're all aware that healthcare is challenging for patients to navigate, so we're always looking for opportunities to simplify our processes for them," says DeDent, who shared this PDF ([acr.org/Hassle-Map-Overview](#)) with each department. "Hassle maps are an easy way to see where these opportunities exist."

In radiology, DeDent met with Zaidi; Stephen M. Passerini, MD, president of Radiology Associates of Canton and chair of the department of radiology at Aultman; and Christine E. Donato, executive director of imaging services at Aultman. Donato says that

while developing a tool around the department's obstacles initially seemed daunting, the team was eager to participate in the project. "We have a responsibility to ensure that we're providing the best service to our community, physicians, staff, and patients," Donato says. "We saw this as an opportunity to open the dialog with our staff and others to address challenges across the board."

Zaidi says that the project also aligned with the group's patient-centered radiology goals. "We realized that it might uncover some issues that would be difficult to fix quickly, but we were enthusiastic that this was a great opportunity to engage our partners to improve efficiency, quality, and, ultimately, value," he says.

Identifying Hassles

DeDent left it up to the leaders of each care collaborative to determine how to engage their teams and others to identify the hassles in their respective service areas. "It's really just brainstorming," she says. "You're taking the time to look at your processes a little differently and think of all of the places that patients and others might get hung up as they move through your system. This is something anyone can do, with or without administrators' involvement."

Radiology leaders held meetings with the physicians, technologists, and staff on each shift within the department and also sent emails seeking input. Through these correspondences, radiology leaders shared DeDent's PDF and invited everyone to participate in brainstorming sessions to share the pain points that they and others have encountered within the department.

"We created a safe space for people to talk about issues within the department," Zaidi explains. "Rather than the usual interactions where no one wants to complain, we had a very open and honest discussion. We talked about staffing issues and ways we could improve the flow of patients through the department."

The team also reached outside of the department through emails, phone calls, and in-person meetings to include feedback from referring providers. "It's important to ask your referring providers honestly what issues they and their patients are encountering," Zaidi

says. "This dialog can strengthen your relationships with your referrers because you're showing them that you take their input seriously and are trying to create change."

Rodney K. Ison, MD, chief executive officer of Community Health Care and chairman of New Health Collaborative, was one of the referring providers who offered insights about patient accessibility and image ordering for the project. In particular, Ison reported that he and his team had experienced trouble scheduling patients after hours, and they didn't always know the most appropriate test to order based on a patient's clinical condition.

Ison says that he appreciated the radiology team taking his feedback into consideration — something it does often. "Radiology Associates has a culture of patient service, and we have a long history



Christine E. Donato, executive director of imaging services at Aultman Hospital, helped develop the radiology group's hassle map.

"We were enthusiastic that this was a great opportunity to engage our partners to improve efficiency, quality, and, ultimately, value."

— Syed F. Zaidi, MD, MBA

of working with them," he says. "When they reached out to me about this project, we already had a level of trust established, so I felt comfortable sharing my thoughts with them. When you have that trust, you know they're going to do the right thing. You know they're going to follow through to make care better for patients."

Plotting the Map

Radiology leaders spent about two months collecting feedback from people inside and outside of the department. Through this process, they identified more than two dozen hassles, from challenges associated with parking and obtaining lab results to an inadequate number of nurses within the department and insufficient patient education prior to exams. "By looking at the process from time of exam order to result delivery, we discovered many different targets for process improvement," Passerini says.

Radiology leaders then emailed all of their hassles to DeDent, who mapped them using simple graphics tools in PowerPoint. The map includes three groups — patients, physicians, and staff — and the hassles are arranged around the groups with lines connecting each group to the hassles it encounters. "There is some overlap because some things can be frustrating to more than one group of people," DeDent explains.

Once DeDent completed the map, the co-management team comprising radiology and hospital leaders met to prioritize short- and long-term solutions to the hassles, with those directly affecting patients receiving top priority. "We prioritized the items that we felt were most frustrating to our patients and providers," Passerini says. "Our goal was to immediately implement strategies that would improve the patient experience."

From there, radiology leaders shared the map and priorities with department members via email; they also displayed the map in the



Kristen M. DeDent, executive director of process improvement at Aultman Hospital, implemented the hassle map project across the hospital.

department. “We have a board where we share quality- and finance-related updates regularly, and this map is housed on that board,” Donato says. “When you see just how many hassles people face when interacting with us, you realize how much work we have to do to improve the experience for our patients.”

Continuing Effort

In fact, the team has already addressed some of the issues outlined on the map. For instance, it has begun working on a wayfinding system to help patients navigate to and through the department. “People ask for directions frequently as they move between the modalities, so we’re color coding the corridors and installing more signs to help patients find their way through the department,” Zaidi says.

The team has also worked with referring providers to resolve issues associated with posting imaging results on the hospital’s patient portal. “Some referring physicians wanted us to wait a month to post the results, and we wanted to post them almost immediately,” Donato explains. “We came to a compromise, and now we’re posting the results around the 10-day mark. This gives the referring physician time to review the results and to talk to the patient before the results appear in the portal.”

While the team is already eliminating some hassles from the map, it anticipates

this being an ongoing project. “I’d like to revisit the map at the end of the year and see what hassles we have taken off and add any new ones that might arise in the meantime,” Donato says. “This is something we can continue to use year-after-year to track and reduce frictions in our processes and improve care for our patients.”

The radiology team feels particularly invested in the project thanks to the support of hospital leaders. “Our hospital administrators are very interested in patient satisfaction and engagement,” Zaidi explains. “They realize that you have to earn the right to provide service to patients and referring physicians. With their encouragement, we feel empowered to actually take on these challenges.”

By Jenny Jones

Next Steps

- Reach out to people inside and outside of your group and ask them for feedback about the hassles they encounter when interacting with radiology.
- Plot all of the hassles on a map and connect each one with the group(s) (patients, physicians, or staff) that is affected by it.
- Share the map with your team and work to reduce the hurdles that impede quality patient care.

FOR DISCUSSION

How often does your practice reach out to referring physicians and patients to better understand the experiences they have when interacting with your group?

How can you reach out to people inside and outside of your practice to learn the hassles they face when interacting with your group?

How can you use the information you learn from this outreach to improve care delivery and referring physician and patient satisfaction?



Hassles Uncovered

Radiology Associates of Canton identified several areas for improvement:

- Downtime of mobile equipment
- Viewing results online
- Outside film/reports for comparison
- Timeliness of imaging reports/results
- Pay bills online
- Lack of standardization
- Transport delays
- Patient education prior to exams
- Parking
- Rescheduling patients
- No follow-up process for incidental findings
- Connectivity and film/image transfer
- Not enough nurses and monitors
- Wayfinding in and to department
- Pre-authorizations
- Patient education
- Medical malpractice issues
- Apprehension about tests/results
- Cost/benefit of imaging services

View the group’s complete hassle map at acr.org/Radiology-Hassle-Map

Be PAMA Prepared

AUC Clinical Decision Support Gets Real 1/1/2020

Starting Jan. 1, 2020, the Centers for Medicare & Medicaid Services (CMS) will require providers to consult appropriate use criteria (AUC) prior to ordering advanced medical imaging for Medicare patients.

This consult must be completed via a CMS-qualified clinical decision support mechanism (qCDSM), and documented on a claim, or rendering providers will not receive Medicare reimbursement for the exam.

What You Need to Do:

- Make sure your IT, medical and professional staff know that a mandatory one-year “Educational and Operations” testing period starts Jan. 1, 2020
- Encourage your IT, medical and professional staff to start incorporating AUC into your electronic health record (EHR) and image ordering/fulfillment systems
- Work with your referring providers so they know how to use AUC/Clinical Decision Support (CDS) systems — your qCDSM vendor can help
- Ordering physicians can receive Improvement Activity (IA) Credit for consulting Clinical Decision Support (CDS) when ordering advanced imaging
- Radiologists and ordering physicians can fulfill their IA requirements under MIPS by using CDS to participate in an R-SCAN project

ACR Resources Can Help

Use CareSelect Imaging™ — ACR Select®, a digital representation of ACR Appropriateness Criteria® for diagnostic imaging — a module contained within CareSelect Imaging.



Take part in (with your referring providers) the Radiology Support, Communication and Alignment Network (R-SCAN™). Earn CME Credit and ABR maintenance of certification Part 4 Credit.



Review Imaging 3.0 CDS case studies to gain insights from other practices and departments that have implemented CDS systems.

Start today! acr.org/cds



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- **Receive \$500** for data submission for each insured and uninsured patient enrolled (includes payment for first screening exam)
- If woman is insured, also receive usual insurer payment for initial exam
- If woman is uninsured and qualifies for charity care at the site, receive an additional \$138.17 from TMIST for this first exam

Expand Access to the Latest Care in Your Area

- For each follow-up screening for insured women, TMIST pays sites \$150 on top of insurance payment
- For each follow-up exam for uninsured women who qualify for charity care at the site, TMIST pays sites \$150 plus an additional \$138.17
- This total \$288.17 TMIST payment (\$150 + \$138.17) for each follow-up exam for uninsured women may be triple that paid by major breast cancer care charitable organizations

Move Breast Cancer Screening Forward

- TMIST is necessary to inform tomosynthesis clinical and payment updates
- Decision makers rarely update policy without a randomized controlled trial

Start here: acr.org/TMIST

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