Case Study: The Craft of Patient Communication

Key Takeaways:

- The radiology department at Hoag Memorial Hospital Presbyterian has developed a lung cancer screening service where patients receive CT scan results before leaving the office.
- It is important to keep the referring physician involved in the imaging process.
- Many referring clinicians are not up to date on current radiology guidelines and rely on radiologists to provide them with information.
- Hoag has implemented two new technologies to improve communication with referring physicians: server-side rendering and encrypted, secure text messaging.

There's a certain art in achieving a comfortable tone of communication with patients who are suddenly dealing with unique medical needs. Helping them understand their treatments often requires a network of support and guidance. During this process, radiologists who strive to ensure a patient's needs often encounter the inevitable challenge of keeping other physicians, including the patient's primary care physician, abreast of developments. Streamlining the process of communication with patients and referring physicians alike offers multiple benefits.

Radiologists at Hoag Memorial Hospital Presbyterian in Newport Beach, Calif., have developed a population health management system that emphasizes immediate communication with both patients and referring clinicians. The system not only links the radiologist to the patient, but also brings other providers into the treatment decision-making process. As hospitals such as Hoag look for new ways to cut costs while focusing on the patient, innovative communication tactics help radiologists provide critical decision support and education to specialists within the emerging model of population health.

Winston S. Whitney, MD, medical director of the Hoag Hospital Lung Cancer Screening Program, and his team developed a low-cost lung cancer screening system that allows patients to receive the results of their scans before they leave the department. Patients pay for the procedure out of pocket and are then given the option to talk directly with a radiologist based on their results. “Patients feel they are leaving the department with a better sense of what really happened during the screening exam,” explains Whitney. “When patients are paying out of pocket they expect a more meaningful interaction.” To expedite the process, the radiologists at Hoag give patients one of three form letters within minutes after their scans are complete:

- The first is the “letter 1” form (click here to see an example), which shows the patient's results as normal.
- The “letter 2” form (click here to see an example) explains that the patient needs a follow-up scan.
- The “letter 3” form (click here to see an example) indicates the patient has an abnormality that needs immediate attention. With a letter 3, the radiologist always discusses the findings directly with the patient.

Issuing a “letter 3” also triggers notification to a lung cancer nurse navigator who follows up with the patient to ensure patient support and timely work-up. When Hoag radiologists tracked the results of their lung cancer screening service, they found two percent of all screening participants were ultimately diagnosed with lung cancer. The option of receiving results of a scan within minutes can replace a patient's apprehension with the understanding that they are now partners in their own care management, a level of quality patient care congruent with ACR’s Imaging 3.0 initiative.

Gauging Guidelines

Initially, the screening program was open to patients who self-referred.1 However, many self-referred patients who received the letter 2 form (follow up needed) were not returning for their follow-up scans. Because of the low rate of compliance from self-referred patients, Hoag decided it was better to perform these scans through a prescription from a referring physician, who usually has a long standing relationship with the patient.

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“Patients who want to talk to a radiologist still have access to us, but we found that patients who had a referring clinician were more likely to comply with follow-up recommendations,” Whitney observes. He and his colleagues found that it was important to keep the lines of communication open with referring physicians. Most physicians also prefer to talk directly with their patients since they know their health history and can provide a more familiar and structured environment. “We can tell someone that an annual lung cancer screening is recommended for heavy smokers, but if the patient has a limited life expectancy from some other disease, we may not know that,” explains Whitney. “Our experience has confirmed the importance of teaming with the patient’s primary clinician to triage who really needs screening and to ensure appropriate follow up.”

When the referring physician is involved in the patient’s management, it becomes the responsibility of the radiologist to educate the referring physician about emerging changes in lung cancer screening recommendations. “We now insert a statement about which important medical organizations and government advisory committees are recommending lung cancer screening at the bottom of our reports (click here to see an example) to the referring physician,” Whitney states. “Many physicians don’t actually know what and how widespread the screening recommendations are, so they are generally surprised. With the information in our report, they then know these aren’t just guidelines radiologists are pushing: they are widely accepted in the medical establishment.” Whitney has observed that many clinicians are still confused by current guidelines, so radiologists play a crucial role in keeping them aware of the most recent screening and follow-up recommendations from both national organizations and government advisory committees.

**Technology Talks**

In addition to offering same-day scan results and providing educational assistance to referring clinicians, Hoag has implemented two new technologies that have helped referring physicians review scans more conveniently and receive results faster: server-side rendering and encrypted secure text messaging. With server-side rendering, clinicians are able to skip the time-intensive process of downloading images through their off-site web browser and directly access their patient’s images in the PACS server. This can be done through any available device, including an iPad or iPhone, all through a secure portal.

With secure encrypted text messaging, the radiologists can text summarized results in a secure text format and receive notification when the text has been read. The text message lets radiologists transmit private patient information to physicians without violating HIPAA privacy laws. Many clinicians, Whitney observes, prefer receiving these important notifications via text, since a text message can be less intrusive.

“When I send a report to the ER physician, I know whether my text about a result has been read or not, and know whether I need to pick up the phone and call,” observes Whitney. “Even if a physician has a final written report in their office in half an hour, the time it takes for a physician to look at those reports may vary,” he points out. “It could be at the end of the day, or not until the patient returns to the office for their next appointment. It is still very important to call for those significant results.”

**NEXT STEPS**

- Radiologists should implement new policies and procedures to deliver patient-centered communication, enhance patient satisfaction, and strengthen their collaboration with referring physicians.
- Imaging centers should provide the most up-to-date screening recommendations to referring physicians to ensure timely patient scans and find ways to inform physicians of the most recent changes in these guidelines.
- Stay abreast of technologies that can reduce the time to share images and promote a faster transfer of images and reports to referring physicians.

**Endnote**

1. Not all states allow self-referral for imaging. Please review regulations and requirements for your location.