

## Case Study: Radiology's Open Door

*Radiologists are educating physician groups and effectively increasing their visibility with lunchtime presentations.*

By Amena Hassan

### Key Takeaways:

- Chambersburg Imaging Associates and Summit Health are successfully educating physician groups with 30-minute discussions about key radiology topics, ranging from breast density to lung cancer screening.
- Radiologists and their staff travel to providers to present lunchtime sessions, which enable face-to-face interaction. They are also able to offer 0.25 to 0.5 hours of CME credit to participants.
- The informal presentations have strengthened the visibility and credibility of radiologists as locally available consultants. They also help forge lasting relationships and provide access to relevant information.

View the related [video](#) and read the accompanying [blog](#) post.

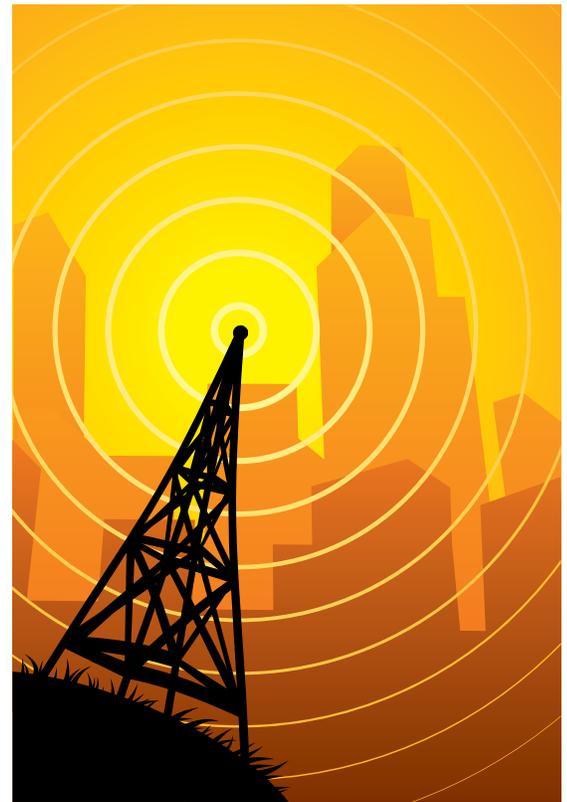
Over the past two decades, the staff of Chambersburg Imaging Associates and Summit Health in Chambersburg, Pennsylvania has participated in several initiatives to increase radiology's value to their referring clinicians. One initiative that has gained particular momentum is the 30-minute talk series that showcases new radiology subjects for various provider groups. Presentation topics cover radiology services (such as low-dose lung screening CT), timely developments (such as recent breast density laws), and any other subjects of concern to the providers.

Radiologists first meet on a monthly basis with the regional Medical Offices Manager Network (MOMN), which allows them to research and find practices that might be interested in a visit. They then schedule 10 to 12 presentations with referring clinicians, their practices, and their departments over the course of a year. Participants can also earn 0.25 to 0.5 hours of CME.

### Establishing the Relationship

Since beginning the presentation series 20 years ago, the radiologists have now become an invaluable resource for many referring clinicians. Instead of having clinicians or specialists seek out the radiologists, the team travels to a provider's office, presents the topic over a brown bag lunch, and then opens the discussion to the entire group. Their low-dose lung cancer screening program and breast density sessions have shown some of the highest attendance by physicians and their medical staffs.

"We often just throw out a question such as 'What is your biggest issue with radiology, and how can we help with that?' and immediately we will hear three or four concerns," explains Robert S. Pyatt Jr., MD, FACR, of Chambersburg Imaging Associates. "Having a member of our management team there is also really helpful because they can take those issues, work on them, and then come back and show results. A practice really appreciates that and physicians also like the chance to get an answer or a solution on the spot for issues."



Ann E. Lewandowski, MD, of Chambersburg Imaging Associates agrees with the importance of this one-on-one interaction, which she thinks is a critical part of narrowing the communication gap. "With the advent of PACS, new clinicians coming on board would never have to come down to the radiology department, so we really didn't know a lot of our referring physicians," she recalls. "Now, I've gotten to know a lot of the clinicians as a result of conducting presentations at their practices. It allows us to develop personal relationships and get to know our physicians. I interpret many of the OB ultrasound studies, and when we have a case with critical results, it's very helpful to know the physician with whom I am

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speaking." Overall the presentations have resulted in an increased number of referrals, higher volumes for lung cancer screening, and a significant increase in breast ultrasound and MRIs, which resulted in detection of numerous breast cancers that were not initially detected by mammograms.

Carolyn Benenati, MD, is a referring clinician in obstetrics and gynecology at Keystone Health in Chambersburg. She feels the lunchtime conversations often align with specific issues that clinicians deal with on a daily basis. The sessions also allow radiologists and clinicians to informally discuss ways they can collaborate to improve good patient care. "We're all on board with trying to be here for these meetings," she states. "There was a recent discussion between two doctors regarding amniotic fluid measurements, and I don't think we were all on the same page. Guessing what the other person is thinking is what we've been doing for a while. Now that we've spoken about it, there will be more clear communication about what we want from that, and it's probably going to change what we do here in the near future."

### Including Key Players

Carla Rice, diagnostic imaging manager at Chambersburg Hospital, is a co-presenter with Lewandowski on the subject of their newest ultrasound reporting system. She is enthusiastic about presenting critical information to clinicians, but feels it is also imperative to include other staff members, such as

nurses, nurse managers, and medical records staff. "They then know exactly what's going on, the best way to enter a radiology report, and what prep needs to be done," she states. "If everyone in the office knows that, then the whole operation runs more smoothly."

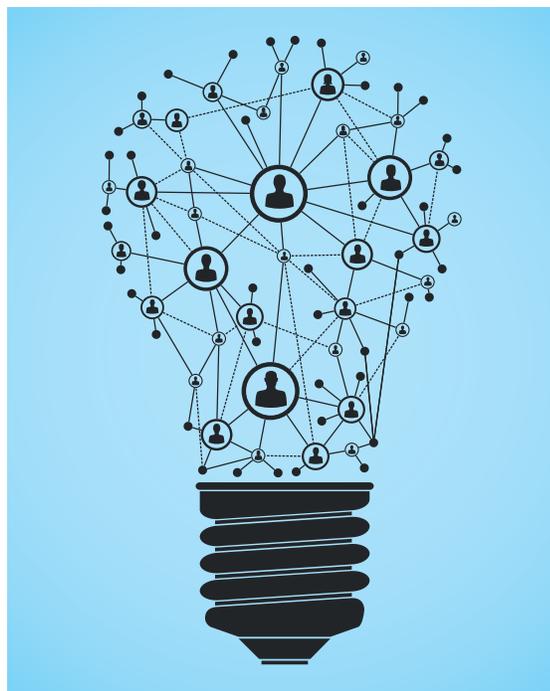
There are also other advantages to including the non-clinical staff in the presentations. At one of the visits, Lewandowski asked if they could have access to a direct phone number that is not readily distributed, so she could have immediate contact with an OB specialist when dealing with a particularly urgent case. "They gave that number to us," she states. "That was the one key phone number that really mattered to us, and they knew that we wouldn't abuse it. When you have all the right players there, people will share information and can tell us who and when to call."

### Sharing the Same Goal

According to Pyatt, keeping the presentation focus narrow and the subject matter topical is why their radiology presentations continue to have ongoing success. "Touch on the most important items and make sure you anticipate how the management team will interact with you and the questions you can answer," he advises. For example, in addition to questions about diagnostic imaging, radiologists might also be asked questions related to issues like scheduling, accessing reports, and other concerns.

"One of the mechanisms we use when we meet with the practices is to ask them about the quality of our reports," states Glen Wingert, former administrative director of diagnostic imaging for Chambersburg Hospital. "We ask about difficulties in scheduling patients, if they get the reports in a timely manner, and if they get the signed reports back." Although he is now retiring from his position, Wingert has words of guidance for those considering implementing a similar outreach initiative. "At the sessions the providers can become passionate about subjects that are near and dear to them," he explains. "A little criticism is good. Sometimes we think we're doing things perfectly, but that isn't always the case from their perspective. It helps everyone when we can sit down and have an open, frank discussion."

John Schaffer, administrative director of diagnostic imaging for Chambersburg and Waynesboro hospitals, points out that it's vital for referring clinicians and radiologists to be on the same page. "Again, we're both striving for the same end goal and that's to treat and care for patients," he says. "This program has really allowed us to communicate better, when we know that's our end goal without any self-serving motive."



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### On the Horizon

There are two new initiatives on the horizon that have stemmed from these presentations: a radiology shadowing program for physicians and an urgent care training program for mid-level clinicians. (*See more details about these upcoming initiatives.*)

The shadowing program with a radiologist was developed by both family physicians and radiologists to better understand the appropriate ordering of an image and the role of various advanced imaging studies in diagnoses.

The urgent care training is an additional program for mid-level clinicians and physicians who will be doing preliminary image review at local urgent care centers.

"These many educational programs have improved our relationship with the medical staff and have resulted in more contact with clinicians on issues surrounding their patients and the various diagnostic imaging studies available," explains Pyatt. "We are solving more day-to-day issues for clinicians seeking our services. All of this is very good for us demonstrating value to our colleagues, and patients."

### NEXT STEPS

- Show referring clinicians you care about their opinion by traveling to their work site and listening to their feedback, whether it is critical or positive, in order to improve communication.

- Include other members of a physician's staff in the presentation, so they are aware of how to communicate more effectively with radiology staff.
- When presenting to a physician group and their staff, keep the radiology subject focus narrow. Later, invite them to bring up any additional concerns after the primary topic has been discussed.

### Join the Discussion

Want to join the discussion about how radiologists are educating physician groups and effectively increasing their visibility with lunchtime presentations? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you'd like to share with the radiology community? Please submit your idea to <http://bit.ly/CaseStudyForm>.



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