PATIENT EMPOWERMENT
TRANSFORMING PATIENTS INTO PARTNERS

2020 REPORT ON THE COMMISSION ON PATIENT- AND FAMILY-CENTERED CARE
A Look Back

Since the commission’s inception, a passionate core of volunteers has undertaken a vast array of projects and research to enhance patient- and family-centered care in the specialty.

Over the past five years, numerous PFCC advocates joined the Commission and formed various committees to support and align with critical ACR efforts, including Economics, Education, Informatics, Outreach, Population Health, and Quality Experience. In the ACR’s commitment to radiology professionals and the patients they serve, PFCC has become a key goal in the ACR Strategic Plan.

A Look Ahead

In the era of value-based care, radiologists need to be on the forefront of PFCC. Although we have made considerable progress in putting our patients at the center of care, much work remains ahead. Going forward, the Commission will continue to enable the innovative and forward-thinking ways radiologists are approaching PFCC to be better partners to patients and their families — no matter the form that essential partnership might take.

FIVE YEARS LATER: The Commission on Patient- and Family-Centered Care

The ACR commitment to patients is key to our mission: “Radiology professionals partner with patients and their families to consistently employ best radiological practices throughout the continuum of disease detection, diagnostic evaluation, and therapeutic care.”

In 2015, Bibb Allen Jr., MD, FACR, then ACR Board of Chancellors Chair, established the Commission on Patient- and Family-Centered Care (PFCC) as a vital effort to advance radiologic care and the profession. Five years ago, James V. Rawson, MD, FACR, a long-time champion of PFCC, took the reins as chair of the new Commission with Giles W. Boland, MD, serving as vice chair. “This Commission will provide tools necessary to advance and promote high-value, patient- and family-centered radiologic care,” Rawson says. “Our work will help enhance radiologists’ understanding of, and participation in, new practice and payment models that promote patient-centered care.”

So what exactly is PFCC? Simply put, it is a model of providing care in which the patient and family are partners with the provider and care team. According to Rawson, “PFCC is a joint journey through an ever-changing landscape of new technologies, new treatments, and increasing patient involvement in their own health and healthcare.”
PFCC AT A GLANCE

The Commission on PFCC works to ensure that high-quality radiologic care is provided in a manner that incorporates the needs, wants, and values of our patients and communities and leads to improved healthcare satisfaction. Our aim is to promote constructive relationships among radiologists, their patients, families, and communities.

MISSION

The PFCC’s mission is to develop recommendations for and information about how radiology practices can enhance the experiences of patients and their families, as well as measure radiology patient outcomes.

GOALS

The Commission produces resources to help radiology professionals provide and document patient- and family-centered care, including:

• Tools to help radiology practices engage with patients and families as healthcare partners and to forge closer relationships with communities
• Resources to facilitate the use of technology to improve communications, education, and flow of information to all stakeholders, including patients and clinical partners
• Information regarding how best to measure quality and patient outcomes in radiology
• Metrics and policies created with other ACR commissions that help radiology practices incorporate patient- and family-centered care principles and meet Merit-Based Incentive Payment System (MIPS) and alternative payment model requirements

LEADERSHIP & STAFF

Chair: James V. Rawson, MD, FACR
Vice Chair: Tessa S. Cook, MD, PhD
ACR Staff: Becky Haines, MSM, CPXP, CAE
Meg Samples, MBA, CPXP

WHO WE ARE

181 members
32 states, Puerto Rico & Canada
8 subspecialties
60% women 40% men

HOW WE’VE GROWN

In 2015, we started with:

23 radiologists
5 patients
5 staff
4 committees

In 2020, we now have:

127 radiologists
25 patients
8 non-radiologists
8 technologists
3 researchers
13 staff members
6 committees
3 subgroups
The PFCC Economics Committee emphasizes patient-reported outcomes data. Over the past five years, the Economics Committee has performed analysis and research on numerous topics important to both patients and the field of radiology. These efforts include identifying and leveraging opportunities within the payment policy paradigm. A key focus is to develop, deploy, and analyze surveys about patient perceptions of their imaging experience.

In 2017, the Economics Committee surveyed patients and identified several areas of opportunity for radiologists to play a more active role in patient care, including direct patient consultations. The Economics Committee looks forward to advancing these efforts to improve healthcare satisfaction by promoting constructive relationships between radiologists and other physicians with their patients, families, and communities.

Staff: Chris Hobson, Chad Hudnall, Dominick Parris

The PFCC Population Health Management Committee works to ensure that the value of high-quality radiologic and radiation oncological care is recognized as a key component in improving the overall health of populations. The PHM Committee empowers radiologists and radiation oncologists as leaders in PHM and works collaboratively with patients, clinicians, healthcare administrators, and community health organizations to develop innovative and patient-centered PHM strategies to ensure that imaging is integral to delivery of high-quality and cost-effective healthcare.

A key goal of the PHM Committee is to educate ACR members about the role radiology can play within a PHM framework, including a six-part webinar series beginning in the fall of 2020. The PHM Committee is also building a Toolkit that will guide radiologists to become more involved in PHM. The Committee has also published radiologist-authored content on surprise billing and price transparency.

Staff: Chris Hobson, Dan Reardon

The PFCC Outreach Committee is essentially the “kitchen sink committee,” established to encompass work that doesn’t fit neatly into other operational committees. In practice, it has served as the conduit through which staff and members build relationships with patient advocacy groups and other organizations with an interest in PFCC. From presentations at meetings to webinars and outreach via social media, this Committee has wide-ranging interests and impacts. Notable is the two-year relationship with the AHA’s Physician Alliance, during which time the Committee has supported the delivery of four webinars, with more being scheduled in the future. This group also supports the other PFCC Committees with communication and dissemination.

Staff: Beverlee Carlisle, PMP

The PFCC Quality Experience Committee supports the Quality and Safety Commission and the ACR Quality and Safety department by adding the PFCC perspective to ongoing programs and projects. These initiatives include providing input on the Patient-Friendly Summaries of the ACR Appropriateness Criteria® (AC) committee, working as patient advocates on the ACR Appropriateness Criteria® (AC) committee, providing patient speakers at quality and safety meetings, and developing patient-focused Radiology Support, Communication and Alignment Network (R-SCAN) quality improvement projects.

Staff: Jennifer Walter, BSMITS, RDMS, RVT, RT(R)
PFCC Informatics Committee

Co-Chairs
Tessa S. Cook, MD, PhD
Arun Krishnaraj, MD, MPH

The PFCC Informatics Committee helps develop technology solutions that empower patients as part of radiology’s transition to an increasingly robust patient- and family-centered model of care. Informatics Committee members examine technology solutions that support patient- and family-centered care — enhancing the patient experience while increasing efficiency and reducing costs through improved workflow and communications. Patient engagement is a critical element in the redesign of the country’s healthcare system — and this affects creating, storing, finding, manipulating, and sharing information.

Staff: Ted Reuss, MS, PMP

PFCC Education Committee

Co-Chairs
Cheri L. Canon, MD, FACR
Matthew D. Cham, MD

The education work from the PFCC Commission grew quickly, and a new PFCC Education Committee was created in 2017. To advance these efforts, the Committee developed a PFCC toolkit to address patient inclusion in various practice settings, and members continue to add resources related to patient involvement in care. Radiology-TEACHES®, a PFCC initiative targeting medical students, educates trainees to help ensure appropriate clinical decision support. Currently, the PFCC Education Committee is creating a portfolio of patient stories to share through ACR’s Engage platform to promote patient inclusion and improve patient care.

Staff: Elizabeth Bleu, Robin Wyatt, Lia Herrera-Lasso

RSNA-ACR Joint Public Website Committee

Chair
Arun Krishnaraj, MD, MPH

The ACR-RSNA Joint Public Information Website Committee lives up to its mission statement, which states: radiologyinfo.org is dedicated to being a trusted source of information for patients, families, and healthcare providers about the vital role of medical imaging, image-guided therapy, and radiation therapy in healthcare.

One of the website’s core goals is to optimize its content to be patient-centered and easy to understand and use. The website team comprised of ACR and RSNA staff members and physicians, has continually introduced more engaging features and content designs. As a result, the site has grown to serve more than 2 million web visitors each month.

Physicians appointed by ACR and RSNA provide neutral, impartial, comprehensive, and credible content (available in English and Spanish) that is reviewed by experts in radiology. Patients can easily access content through short factoids, in-depth information, and videos that take patients step-by-step through exams such as MRIs and CTs. A dedicated social media feed keeps patients and families informed of the newest content.

During the past five years, a Patient Advocates Advisory Network was formed to provide advice and review content. All visitors are encouraged to provide feedback via easy-to-access forms on the site.

Most recently, the radiologyinfo.org site featured two new and popular sections: Patient-Friendly Summaries of the ACR Appropriateness Criteria® for the appropriate ordering of imaging and therapy; and RadInfo4Kids, a section written by children, including their own videos and drawings, relating their experiences with medical imaging exams and treatment. This has become a popular feature on the website.

Learn more about radiologyinfo.org on page 12.
More people die of lung cancer than any other cancer. According to the American Cancer Society, lung cancer accounts for a quarter of all cancer deaths in the U.S. The good news is that when lung cancer is diagnosed early, the five-year survival rate can be as high as 90%.

Multiple research studies show that lung cancer screening (LCS) decreases lung cancer mortality. Data from the National Lung Screening Trial in 2011 showed a 25% reduction in lung cancer mortality in patients who received low-dose CT (LDCT). Based on the study, the U.S. Preventive Services Task Force made LCS with LDCT a public health recommendation in 2013. And both CMS and private insurers now cover LCS for qualified individuals — with no copay or cost-sharing by the patient.

Despite these advances, millions of smokers and former smokers who qualify for LCS are not getting the preventative scans that could save their lives.

A critical aim of the Commission on PFCC is to expand the adoption of LCS to help save patient lives. Our goal is to evaluate the current status of LCS, identify the challenges and barriers, and explore and advance solutions.

LCS Resources
This collection of LCS resources includes the latest research, information, toolkits, and key patient information.

LCS Webinars
This webinar series focuses on best practices for implementing successful LCS programs. Each webinar focuses on a specific topic and best practices to meet the challenges of LCS.
- Lung Cancer Screening: You Can’t Do It Alone, But You Can Take the Lead | Debra S. Dyer, MD, FACR
- What You Need to Know About Logistics of Lung Cancer Screening | Kim L. Sandler, MD
- Building a Lung Cancer Screening Program in Real Life: Economic Considerations | Terrance T. Healey, MD
- Lung Cancer Screening and Health Disparities | Andrea Borondy-Kits, MS, MPH
- Manage Your Metrics | Allison Ferreira, MD
- LungRads 1.1 Update | Ella A. Kazerooni, MD, MS

Each webinar is available to watch on demand and download slides.
The ACR is committed to helping our members improve the patient experience. A wealth of tools and materials can help radiologists strengthen their practice and payment models to deliver more patient- and family-centered care.
Nurturing the Patient Relationship

By placing patients at the center, radiologists can alleviate burnout and provide better care.

How can our patients become our partners? And why is it important that we think of them that way — that we expand the role that not only patients, but also their families, play in their own care? These are the important questions addressed in this award-winning ACR Bulletin special issue on PFCC, published in March 2019.

The special issue won two 2020 Azbee Awards from the American Society of Business Publications Editors: a mid-Atlantic regional Gold Award and a national Silver Award. According to the Azbee award judges, “…the issue showcases how radiologists not only take care of their patients but partner with their patients and their families — no matter the form that essential partnership might take.”

Guiding Patient Safety During a Pandemic

As patients and practices navigate the fluid COVID-19 climate, the ACR offered guidance on safely resuming imaging services. Patient advocates from the PFCC guided the creation of a patient-focused version of the guidelines, explaining in plain language the changes patients may encounter at their next imaging appointment.

Adapting the ACR’s guidelines assured patients that their radiologists are prioritizing a safe imaging experience.

Patient-Friendly Summaries of the ACR Appropriateness Criteria

The ACR Appropriateness Criteria® are now connecting with a larger patient audience via the JACR® Patient-Friendly Summaries. This peer-reviewed resource connects patients with physicians to explain situation-specific imaging in lay terms.
COMMUNICATING THE VISION

Imaging 3.0 Case Studies on Patient Engagement

Putting a face to radiology is an important aspect of Imaging 3.0. Whether it means conferring with patients about findings or enlisting satisfaction surveys, radiologists must engage more directly with patients to make their presence known. Imaging 3.0 case studies on patient engagement provide actionable examples of how radiology practices are implementing patient- and family-centered care.

“I was so impressed by her accessibility and her willingness to speak with me, 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.”

— Robert B. Crew, patient, "A Direct Line to Radiologists" case study  
Sept. 2018

Research

Communication Curriculum for Radiology Residents

In the new world of Imaging 3.0® and value-based care, a communication curriculum from the ACR offers tools to train residents and fellows to communicate with patients, families, and physicians. The curriculum includes:

• Essential elements of communication
• Simulated patient-doctor scenarios (both text and video)
• Kalamazoo communication skills assessment tool for radiology
• Communication skills assessment tool: validation, reliability, and lessons learned
• Real patient experiences and letters from case-based educational sessions

“I was really impressed with how much effort they put into making sure that I felt like I was part of the process of my mother’s healthcare. It made it so much easier for me.”

— Miriam Simon, patient, “Family Connect” case study  
June 2020
The Commission on PFCC works collaboratively within the ACR and with outside patient-centered care organizations and professional medical societies to ensure high-quality care is provided in a manner that incorporates the needs, wants, and values of our patients and communities.

**ACR Partners**

**PFCC Partners**

**GET INVOLVED**

Learn more about partnering with patients and families to enhance their care.

Visit www.acr.org/PFCCCommission

Email PFCC@acr.org