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# What Do Clinicians Want?

## Adding Value to Radiology with Clinicians' Perceptions, Preferences, and Utilization of Breast Imaging Services

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- As we move toward value-based health care, understanding how best to provide information and services to ordering clinicians, we can tailor our practices to better serve. This adds value and patient-centered care to patients and clinicians alike.

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# Purpose:

-To determine clinicians' satisfaction with breast imaging services at our institution received by both the patients and clinicians.

-Seeking to know what clinicians are offering in their practices and whether they prefer that our institution provide those services (such as breast examinations or discussion about breast density and risk assessment).

-To assess the satisfaction of clinicians in regards to communicating with our breast center, ease of sending orders or scheduling patients, and rapidity of obtaining results.

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# Method:

Clinicians who had ordered a breast imaging test at our breast center in the past 12 months were sent a 25 question electronic RedCap® survey via email.

Responses were voluntary and anonymous, and data was collected over approximately 10 weeks.

383 surveys were sent with 66 responses (17.2%).

Demographic data was also collected.

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# Results: The Good News

>95% of respondents were always or almost always pleased with the services provided:

- as clinicians,
- that their patients received,
- their perception of their patients' satisfaction
- the consultation services provided to both clinicians and to patients

However, even with many satisfied clinicians, areas for potential improvement were identified.

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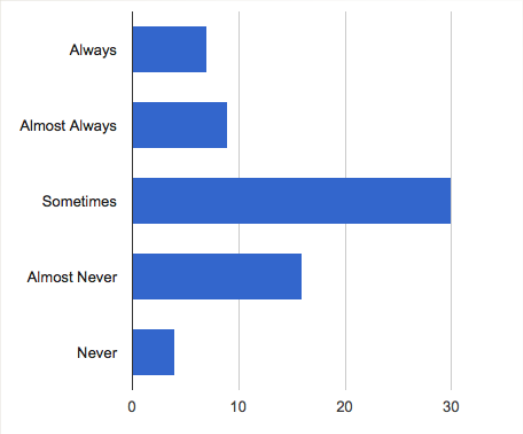
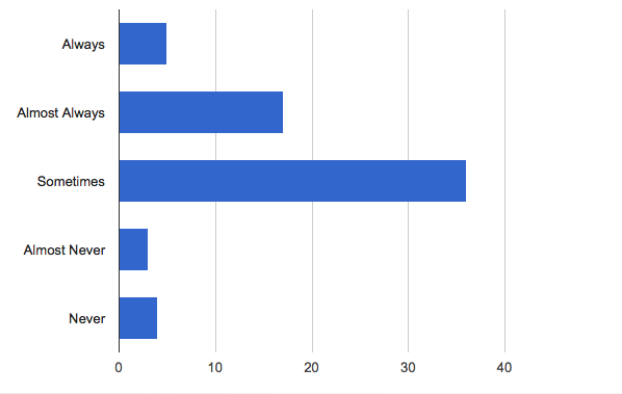
# Results: Breast Density and Genetic Risk Discussions

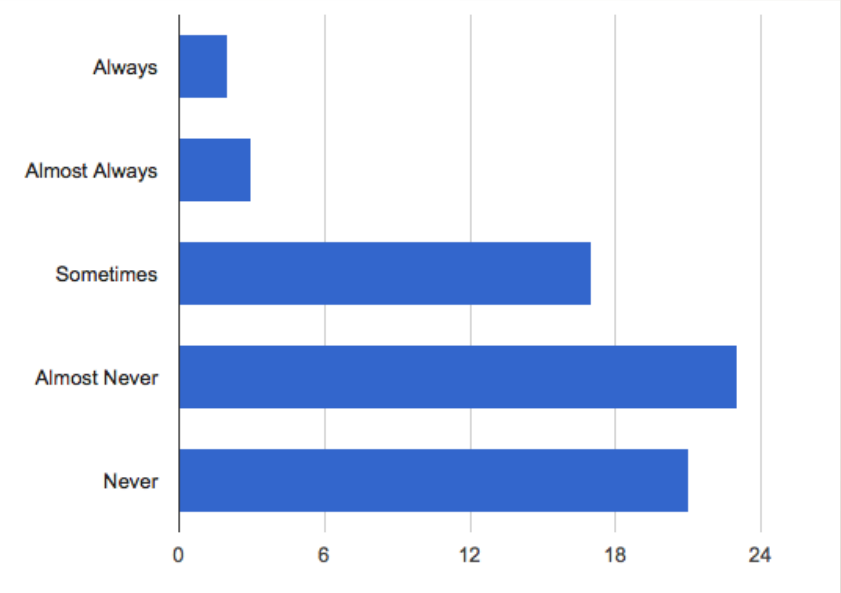
Do you discuss breast density with your patients?




Do you discuss genetic risk with your patients?




Do you (as the clinician) risk-stratify your patients/ screen them with a clinical risk-assessment model? (Ex. Gail, Claus, Tyrer-Cuzick...)



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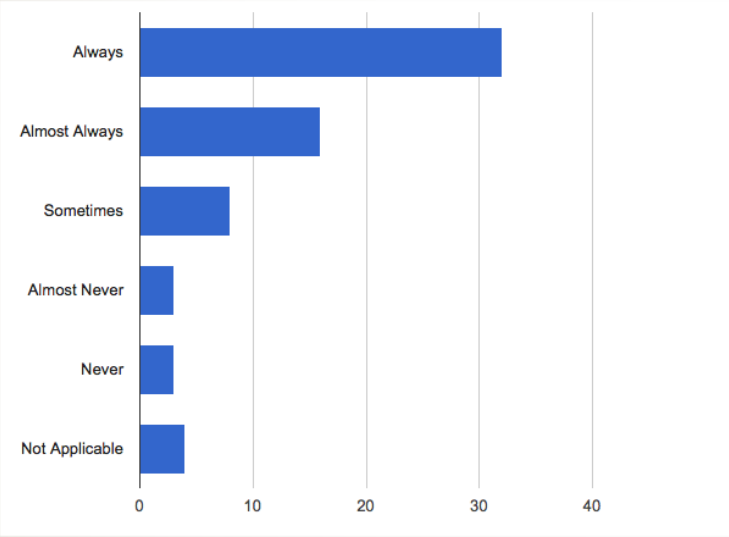
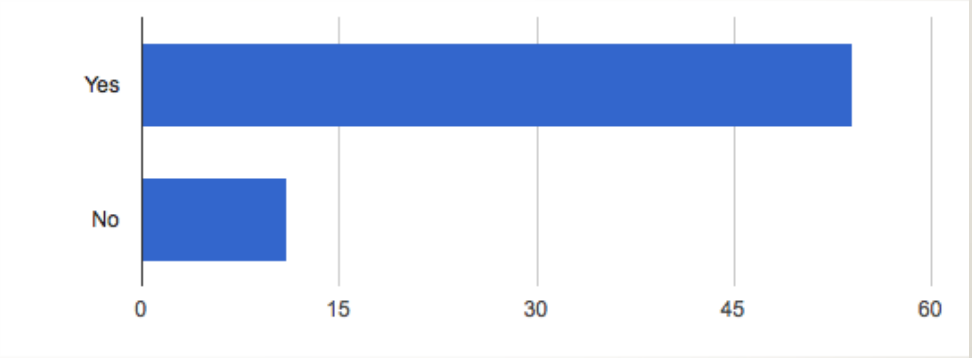
# Results: Ordering

Is it easy for you (the clinician) to send orders to the breast center?




Do you (the clinician) want to have standardized protocols for your patients and your preferences regarding work up/results? (Ex: when your patient needs a biopsy, who gives results, automatically set up an appointment with a nurse practitioner on day of biopsy, etc...)



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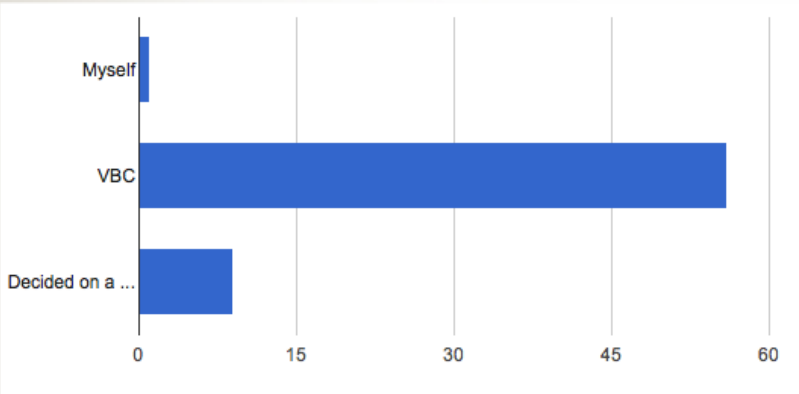
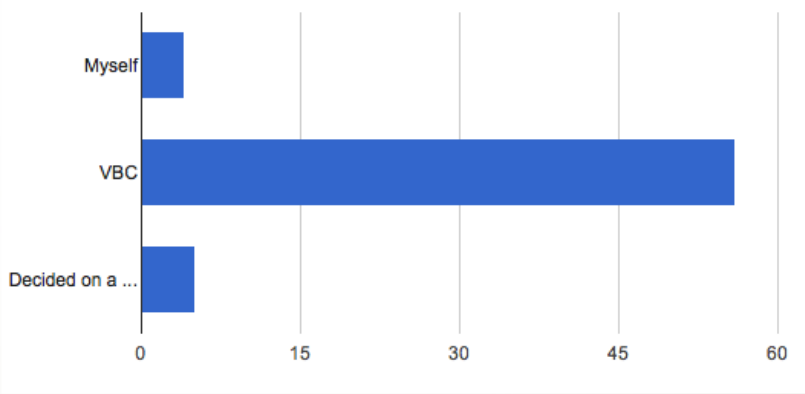
# Results: Preferences Regarding Patient Notification

Do you (the clinician) prefer the VBC (Vanderbilt Breast Center) to notify your patients of abnormal mammogram results, or would you prefer to give the results?




Do you (as the clinician) prefer to notify patients of biopsy results yourself, or have the VBC give the results?




*options were (1) myself, (2) VBC, (3) Decided on a case-by-case basis

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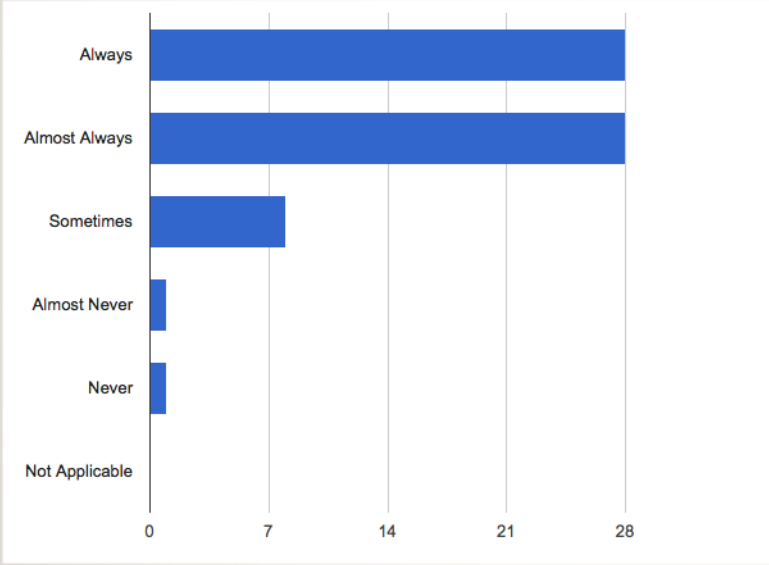
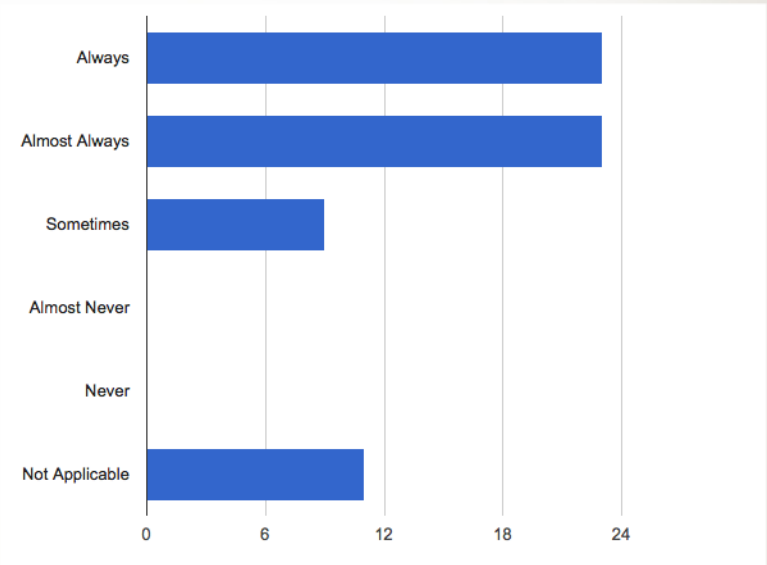
# Results: Communication

Do you (the clinician) think you are notified of results in a timely manner?




Is it easy for you (the clinician) to reach a faculty radiologist or staff at the VBC when needed?



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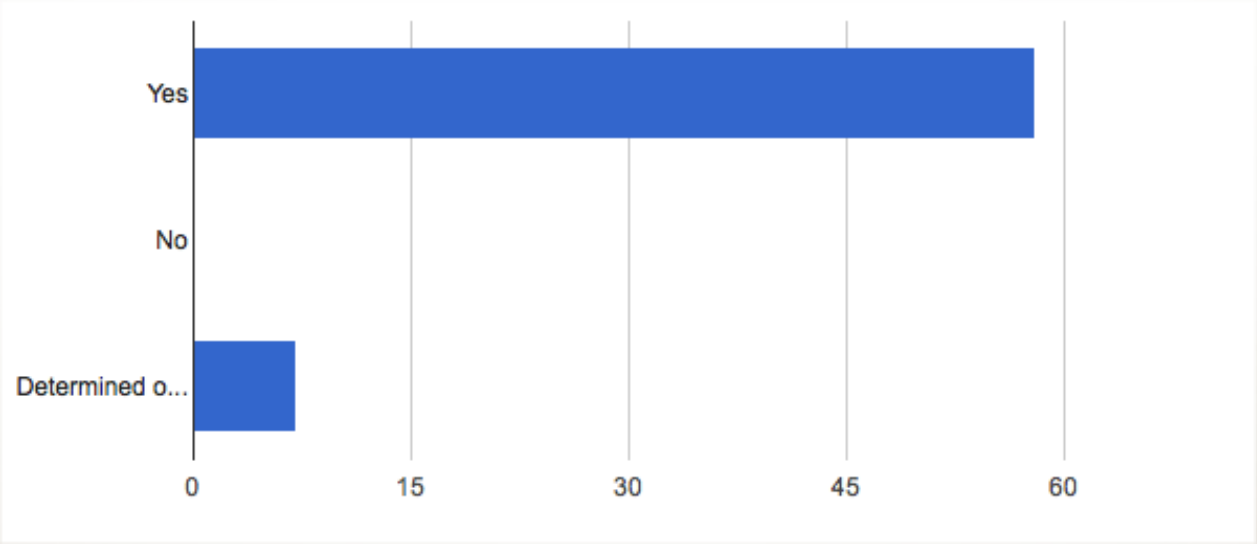
# Results: Patient care when undergoing biopsy

Do you (as the clinician) want your patients to see a nurse practitioner in conjunction with the patient's biopsy appointment? (The nurse practitioners typically explain the procedures, perform a clinical breast examination, provide results, and follow up with the patient after the procedure.)



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# Clinician Comments

- One-third of respondents left comments at the end of the survey.
- The majority of the comments focused on the inconvenience of having to submit additional orders for abnormal imaging work ups. Many asked for streamlined ordering models/order sets which could limit the interruptions in their clinical time.

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# Selected Clinician Comments

- "Better algorithms to let me 'opt in' to automatic ordering of next-step testing (diagnostic mammography or ultrasound, biopsy). Currently I am notified of results promptly, but often results are read while I am in midst of clinical or teaching duties and I am either interrupted in the middle of these things or have [to] delay calling back which is wasteful of radiology time."
- "Have orders be generated automatically that can then be signed off by me."
- "Automated protocols for additional imaging with me having to enter the orders. "
- "Physicians are frequently contacted by staff from the breast center with an urgent message to submit an order for a mammogram--this is an issue that should be handled by clinic staff for the breast center and the internal medicine clinics. A protocol would be helpful. Physicians receiving red messages directly is somewhat disruptive to our workflow."
- "I would prefer for the breast clinic to notify pts with results."
- "Speed up the insurance authorization process."
- "More respect for patient choice to wait or to prefer a less invasive type of follow up -- patients can take responsibility for this."

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# Limitations and Areas for Improvement

- Our study was confined to our institution. Further research could be performed with referring clinicians outside our system.
- More responses would be of benefit.
- Further breaking down the received information by demographic category may provide additional insight.
- "Value" has many aspects and clinician satisfaction is only a part of assessing "value" of care.
- It is difficult to find a way for easy follow-up orders while avoiding any self-referrals.

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# Conclusion: Ways to Add Value/Perceived Value

-Explore order set options for abnormal results work ups, which would avoid any possible self-referral/conflict of interest.

-Determine ways to assist clinicians with consultations and management of high-risk patients.

-Offer clinicians and patients the option to visit with a nurse practitioner when an image-guided biopsy is to be performed.

-Improvement in methods of notifying clinicians of results (improvement in time, clarity, and method). Keeping them "in the loop" better.

-Improve clinicians' access to the interpreting radiologists.