

CREATING VALUE IN A RADIOLOGIST-MANAGED LUNG CANCER SCREENING (LCS) PROGRAM

Impact of Radiologist-Patient Consultations on
Patient Satisfaction Outcomes

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PURPOSE

- To demonstrate value creation in a radiology-based LCS program by integrating direct patient consultation into the workflow



METHODS – LCS PROGRAM

- An ACR-accredited LCS Program was developed (1, 2)
- The radiologists underwent online smoking cessation training (3)
- Optional direct radiologist-patient consultation was offered and integrated into the workflow with elements of shared-decision making:
 - **Pre-imaging discussion** (5-10min)
 - Smoking & relevant medical history
 - Risks, benefits and alternatives
 - **Imaging and Interpretation** (10-20min)
 - **Post-imaging discussion** (5-10min)
 - Results & Follow-up
 - Smoking cessation



METHODS – SURVEY

- After 1 year, the patient satisfaction survey below was administered
 - An assistant not directly involved with the program contacted by telephone a random sample of the enrolled patients
 - Patients were asked to rank their responses on a 5-point Likert scale

	1	2	3	4	5
	Very Poor	Poor	Fair	Good	Very Good
1. How would you rate your overall experience?	<input type="checkbox"/>				
2. Did you find the opportunity to discuss your study with the radiologist helpful in making your decision to enroll?	<input type="checkbox"/>				
3. Did the radiologist adequately address your concerns, including information about the lung cancer screening program, radiation exposure, and follow-up testing?	<input type="checkbox"/>				
4. Were you more likely to abstain from smoking because of your lung cancer screening experience?	<input type="checkbox"/>				

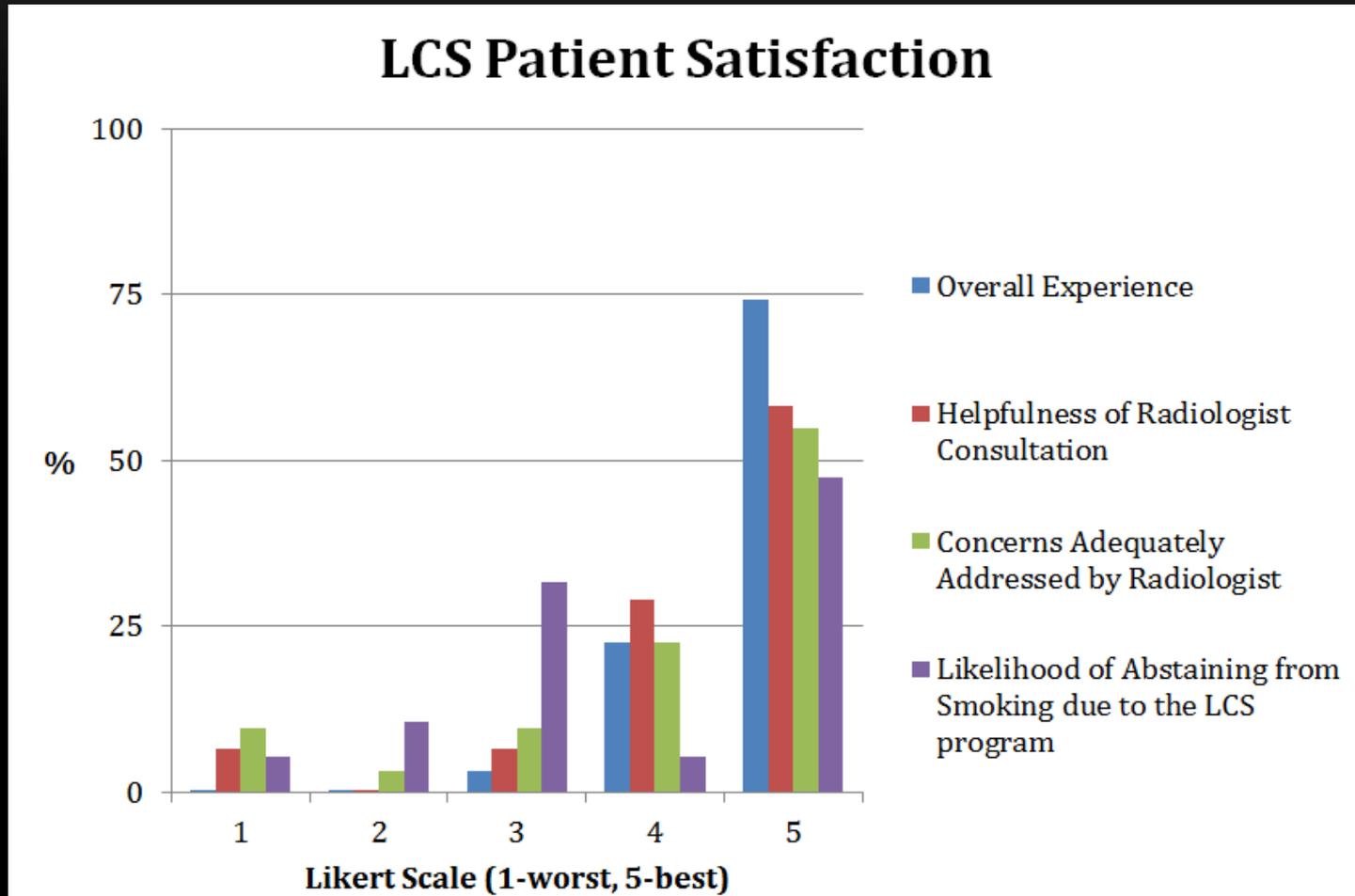


RESULTS

- 140 patients enrolled between 11/2015 and 11/2016
 - 2-3 patients / week
 - All requested radiologist consultation
- 70 patients (50%) were contacted for the phone survey
 - 31 (22% of 140) participated
 - 35 did not answer the phone call
 - 4 declined the survey (due to time/work)



RESULTS



RESULTS

- Patient satisfaction outcomes (1 worst, 5 best):
 - Overall experience: 4.7 ± 0.5
 - Helpfulness of radiologist consultation: 4.3 ± 1.1
 - Concerns were adequately addressed by the radiologist: 4.1 ± 1.3
 - Likelihood of abstaining from smoking due to the LCS Program: 3.8 ± 1.3
- Complaints mentioned:
 - Long wait (registration, imaging workflow)
 - Scheduling difficulties
 - Preference to discuss results with referring clinician



DISCUSSION

- The survey demonstrated consistently positive patient experience with our LCS Program.
- Direct radiologist consultation (the unique feature of our program) was deemed highly valuable.
- The overall daily workflow was not significantly impacted.
 - The time necessary for the consult was similar to discussing a case with a referring physician or troubleshooting an ultrasound examination.



DISCUSSION

- The consultation provided opportunity to reinforce:
 - Continued enrollment
 - Smoking cessation and healthy life-style choices.
- Close collaboration with the referring primary care / pulmonologist group is key for optimal results.
- Based on our pilot results a formal survey tool has been developed.



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