

# Using Change Management to Maximize Adoption of Department-Wide Structured Reporting

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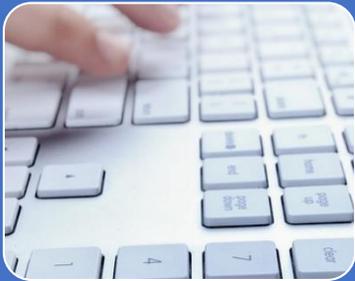
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## **No Financial Disclosure to Report**

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## The radiologist's report is of increasing importance in an era of value-based care

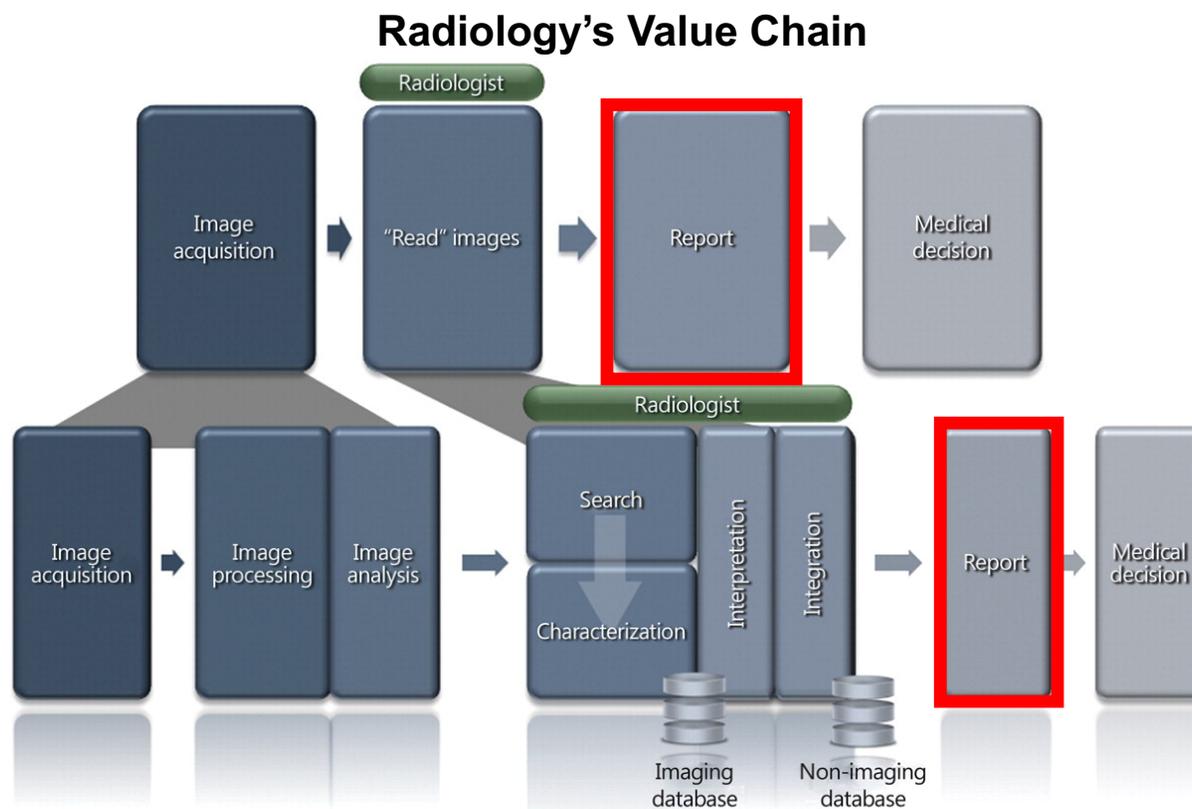


For many referring providers, the **only artifact** arising from the complex imaging value chain is the **radiologist's report**



These **reports** are **finding new audiences** since they are now directly available on **patient portals**

# The clinical report is the vital product in radiology's value chain



PROS | CONS

**The benefits, limitations,  
and challenges of  
structured radiology  
reports are well  
established**



**TABLE 1. Benefits and Limitations of Structured Radiology Reports**

| Benefits  | Limitations and Challenges   |
|---|--|
| Disease-specific report templates can improve report clarity and quality, and ensure consistent use of terminology across practices.<br>Checklist style reports can reduce diagnostic errors (such as failing to report incidental renal cell carcinoma in a magnetic resonance spine performed for back pain). | Radiologists may be resistant to change.<br><br>Learning curve associated with new reporting style may negatively impact radiology workflow and productivity.                    |
| Can reduce grammatical and nongrammatical digital speech recognition errors   | Potentially increased error rates if used improperly (eg, failing to remove the prepopulated phrase of “normal gallbladder” in a patient who is status post cholecystectomy).    |
| Ensures completeness of radiology report documentation and thereby improves radiology reimbursement   | Interruption of visual search pattern may increase reporting time.   |
| May be financially rewarding under the new Medicare Merit-based Incentive Payment System  | Including unnecessary or irrelevant information in a template report may negatively impact the coherence of the report and its subsequent comprehension by referring physicians. |
| Positively impacts research in radiology by facilitating data mining<br>Provides opportunities for quality improvement<br>Can help promote evidence-based medicine by integrating clinical decision support tools with radiology reports  |  |

**While radiologists agree on the benefits of structured reporting, achieving adherence with new system-wide templates proved to be more difficult**

*The literature offers several reasons this may be the case...*



# Personal motivation and resistance affect successful adoption of structured reporting



# At Emory Department of Radiology, chest radiography was targeted as the first study to increase rates of structured reporting

## Why?

- **Chest radiographs (CXR)** make up the **largest volume of studies**, in a department with **>1M studies annually**

## Who?

- **Three divisions** reading CXRs
  - **Cardiothoracic**
  - **Community**
  - **Emergency**

## What?

- **Normal and abnormal CXR “approved” structured templates designated** to be utilized by each division



To get **buy-in** from radiologists for **adopting the new CXR structured report**, the department leadership **planned and implemented** a series of interventions and **tracked usage** of the CXR structured report **over time**

# Buy-in for structured reporting implementation was obtained from division chiefs/faculty over one year

## September 2016:

### Templates Designated

- Designated by each division (Emergency, Community, Thoracic) for highest volume services (e.g., chest radiography)

## July 2017:

### Structured Reporting Requirement Rolled Out

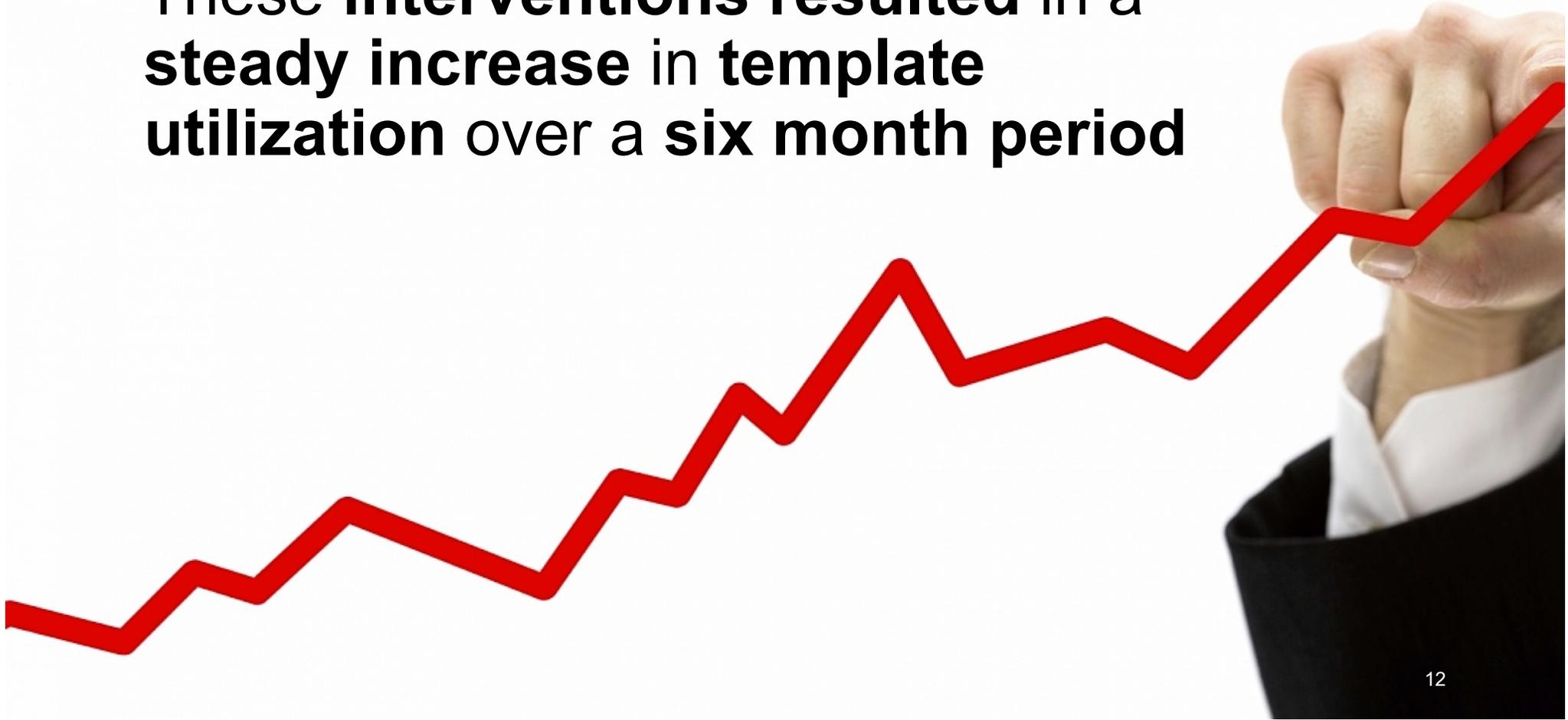
- Approved templates usage instituted as a faculty incentive program for three divisions (Emergency, Community, Thoracic) interpreting CXRs
- Old unapproved CXR templates deleted.
- Template usage tracked using an alphanumeric code within each approved template

## January 2017 - March 2017:

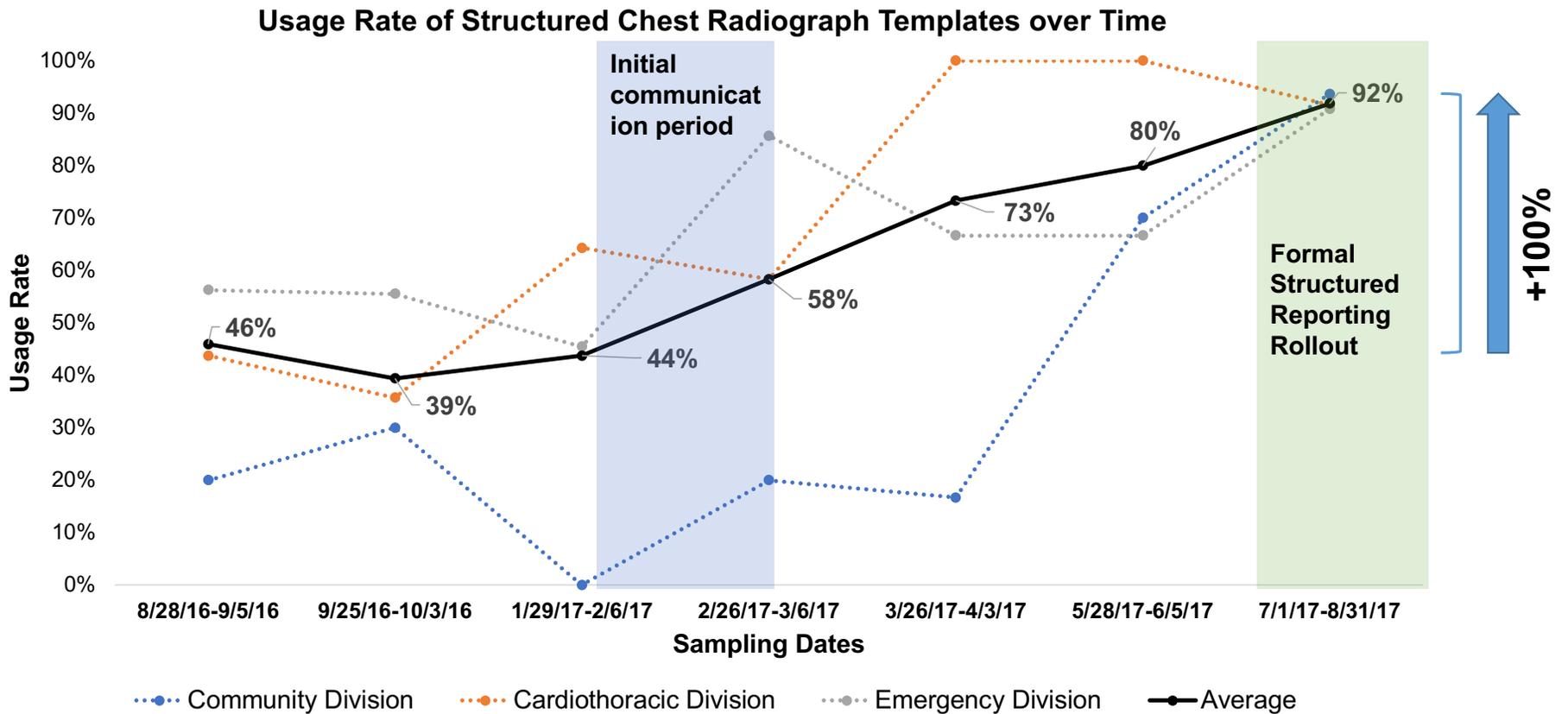
### Structured Reporting Requirement Communicated

- Requirement announced as upcoming incentive component and communicated at weekly faculty meetings
- Communications re-confirmed with division directors

**These interventions resulted in a steady increase in template utilization over a six month period**



# Average usage of approved structured reports increased by 100%, for an overall usage rate of 92%



## **CXR structured reporting was successfully implemented over six months at Emory Radiology**



**Structured reporting furthers radiology's unrelenting focus on generating value in patient care**



**Structured reporting was implemented for chest radiograph studies over six months**



**Our approach in communication, consensus building, and financial incentives increased structured reporting usage from 46% to 92%**

# EMORY HEALTHCARE

**In a large, geographically diverse department with multiple stakeholders, it is possible to gain adoption of structured reports through a sequential combination of communication, consultation, consensus building, and financial incentives.**