Radiologic Professionalism in Modern Healthcare

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I have no relevant financial disclosures
Objectives

- Review tenets of the “Physician Charter”
- Use the Physician Charter as a lens for assessing professional challenges in multiple modern contexts:
  - Teleradiology
  - Turnaround time demands
  - Social media usage
  - Online patient portals
Physician Charter

- Proposed by:
  - American Board of Internal Medicine
  - American College of Physicians
  - European Foundation of Internal Medicine

- “Medical Professionalism for the New Millennium: A Physician Charter”
  - Published 2002
  - Endorsed by 130 organizations worldwide
    - American Board of Radiology
    - American College of Radiology
    - Radiological Society of North America

Physician Charter: 3 Fundamental Principles

- Primacy of patient WELFARE
- Respect for patient AUTONOMY
- Promotion of SOCIAL JUSTICE
Physician Charter: 10 responsibilities/commitments

- Competence
- Honesty
- Confidentiality
- Appropriate patient relationships
- Improving quality of care
- Improving access
- Just distribution of finite resources
- Scientific knowledge
- Managing conflicts of interests
- Professional responsibilities
Physician Charter: Criticisms

- Does not acknowledge “dual agency”
  - Responsibility to patient welfare and just distribution of resources may conflict
  - No clear prioritization of principles to resolve conflict
- Not easily translated to all cultures
  - Different weighting of fundamental principles
  - Different norms for reporting errors/colleagues

Despite limitations, the framework constructed by the physician charter is central to discussions of professionalism in United States medicine and radiology.
Radiology: Professional challenges

- Forefront of technological innovation
- Large amount of patient data
- Colleagues and patients want near-instant feedback
- Financial opportunities and temptations abound
Professional Challenges

- Teleradiology
- Turnaround time demands
- Social media usage
- Online patient portals
Teleradiology

- Increasing use as solution for overnight coverage
- 2007: 44% practices used teleradiology overnight
- Can teleradiology supplant in-house radiologists for daytime coverage?

Hospitals’ Ties Increasingly Risky for Radiology Groups

It was one of the most enduring partnerships in radiology—for more than 50 years, Radiological Associates of Sacramento (RAS) provided radiology services to Sutter Health, a large network of hospitals and physicians in northern California. But the partnership ended abruptly on April 1, 2014, when Sutter officials chose to retain the radiology services of Sutter Radiology. This move followed a series of events that culminated in a disagreement over the future of the partnership.

"This was an issue of control," said Peter D. Bransford, president of RAS. "The physicians were not being heard. We were trying to tell them how to run the business, but they weren’t listening."

"We had a very positive relationship with Sutter for many years," said Bransford. "But it became clear that they were not interested in maintaining the partnership."

The decision was based on cost, according to Sutter officials. "We had been paying too much for their services," said a spokesperson. "We needed to find a way to reduce costs and maintain the quality of care."

While the news was disappointing for RAS, it was a win for Sutter. The hospital system is now able to control its own radiology services, and it will save money in the long run. RAS will have to find new ways to generate revenue, and it remains to be seen if it will be able to continue to provide high-quality care to its patients.

With increased competition, the relationship between radiology groups and teleradiology companies is beginning to change. In the past, teleradiology companies offered a value-added service that allowed radiology groups to provide continuous coverage using a cost-effective business model. As the market matured, however, a handful of teleradiology providers sought new sources of funding and alternative modes of growth.

While these organizations were reaping the benefits from additional financing and new revenue streams, concerns over questionable business ethics began to emerge. Instead of forging deep partnerships with clients, certain providers were looking to supplant—instead of support—traditional radiology groups, thus creating an alarming trend of predatory competition in the industry.

Today, established teleradiology providers continue this trend by approaching radiology groups with the intention of seeking more profitable hospital contracts in the future. Initially, these providers seek partnerships with radiology groups to provide necessary services and generate immediate business. On the surface, it is beneficial for everyone—until one looks a little deeper.

With a contract in place, these companies start looking to make contact with key decision makers at hospitals. Unfortunately, they’re looking to replace the radiologists for whom they’re providing nighttime reads by offering full services directly to hospitals after enough time has passed. This predatory approach to generate business is reprehensible—and it does more than damage the relationship between radiology groups and teleradiology providers—it negatively affects patient care.
Teleradiology: Commodifying radiology?

- Potential to turn radiology from profession to commodity, where only cost differentiates between services
- Commodification threatens radiologists:
  - Damaging financially
  - Diminishing role as professional
  - Devaluing relationship between radiologist/patient

Radiology Goes Back to School: Presenting the Face of Radiology to School Children

Can teleradiology play a role in promoting access to care?
Current estimates: 4.7 billion may lack access to radiological services
- Costs of imaging technology
- Accessibility of radiologists

Teleradiology: successfully used to increase radiologist access
- International
- Domestic

Teleradiology: The balancing act

- Valuable in certain situations
  - Reduce disparities in care
  - Promote economic stewardship

- Risky if used to diminish patient access to radiologists in favor of profits
Professional Challenges

- Teleradiology
- **Turnaround time demands**
- Social media usage
- Online patient portals
Prior to PACS: turnaround times variable
  - Ranged from same day to 1 week
  - Lost reports not uncommon

Patient welfare?

Table 5. Percent Delayed or Missing Reports Before and After PACS Installation

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Turnaround Time: Today

- Current climate: rapid turnaround essential for patient care
  - ACR: Mandate for timeliness
- ED: Several reporting < 1 hour for radiographs, CTs
- May be financially incentivized

Rapid change in demands for speed and turnaround

- Coinciding with data-rich studies with multiple reformats
- Increasing use of voice recognition

May be difficult for radiologists accustomed to different pace in the reading room
Disruptive Physicians

- Pressure: catalyst for disruptive behavior
  - Often described in surgery, ED
  - Intruding into the reading room?

http://www.bloomberg.com/bw/articles/2012-08-02/anger-management-goes-to-the-doctor
Disruptive Physicians

- Behavior includes
  - Unreturned phone calls/pages
  - Ignoring contributions from team members
  - Cutting corners on imaging review
  - Yelling, profanity, abusive language
- Disruption jeopardizes care and focuses team on physician comportment, not patient welfare

Disruptive Behavior: Responding to challenges

- Self-awareness of stressors is important
- Departmental culture must address concerns in a confidential and discreet manner
  - Departments must work to mitigate stressors
- Essential for patient safety and quality

Professional Challenges

- Teleradiology
- Turnaround time demands
- Social media usage
- Online patient portals
Social Media Usage

- Increasing ability to connect with colleagues and patients
- Concerns about unprofessional usage dominate discussions
  - Radiology residents: 50% noted unprofessional postings
  - Medical licensing boards: 50% have disciplined/suspended/revoked licenses due to social media infractions

Social Media: Concerns

- Physicians detracting from personal image
  - Facebook pictures
  - Inappropriate messages
  - Standards of use similar across specialties
- Physicians undermining patient/doctor relationship and patient welfare
  - Violations of confidentiality
  - Exploitation of patients for voyeurism
  - Ease of publishing images can be particularly problematic in radiology

Doctor's X-ray postings unsettling
Wolf challenging Roberts for Senate

http://www.huffingtonpost.com/2014/02/23/milton-wolf-x-rays_n_4842742.html
http://radiopaedia.org/blog/quirky-squirmy-x-rays-where-to-draw-the-line
Despite concerns, social media remains a popular tool for outreach, which should be channeled by radiologists seeking to promote the profession and their practice.
Social Media: An opportunity for growth

- Social media underused by radiologists
  - “Tweets” on CT radiation: lacked radiologist input
  - Deprives patients of important information that could bolster decision making
- Private practice use of social media is more common than academic departments
- With judicious use of social media, radiologists can disseminate information that will support patient autonomy

Professional challenges

- Teleradiology
- Turnaround time demands
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Patient Portals: An emerging tool

- Over 2 million patients (and parents) able to view notes directly
- Patients and families regard access to notes as essential for:
  - Participating in care
  - Exercising autonomy
  - Receiving rapid feedback on imaging

Patient Portals: Concerns

- Clinicians: were concerned that patient access would alter workflow, cause confusion
  - Early adopters: did not find that to be the case
- Radiologists: concerns about patient access to technical reports without guidance
  - How can questions be answered?
  - Will patients be critical of reports?
  - Should embargos be used to delay access?

Patient Portals: Crafting reports

Guidelines for creating reports for patient portals may improve overall quality
- Accurate and complete history
- Standard organization (with or without templates)
- Removing excessive jargon/abbreviations
- Convey certainty/uncertainty
- Non-judgmental language
- Documenting communication
- Evidence-based recommendations
- Proofreading

Patient portals: Improving access

- Major concern: rapid feedback on imaging
  - Acceptable to 95% patients: reports within few hours
- Portals may allow quick access to final reports
- Data regarding the optimal way of conveying results is mixed, but radiologists should support patients' wishes

Early development of applications synthesizing images and reports to construct documents for patient viewing

Possible powerful tool for explaining both exams and interpretations to patients

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Professionalism in Modern Radiology

- Computing resources allow for access to radiologists in areas of scarcity
- Tools exist allowing with faster service, with near-immediate results for clinical services
- Technologies like social media allow for direct outreach to patients
- Patients have access to reports and records
While risks to patient privacy and confidentiality pose concerns, innovation in radiology has the potential to enhance our ability to promote patient welfare, support autonomy, and allow for the fair distribution of resources.