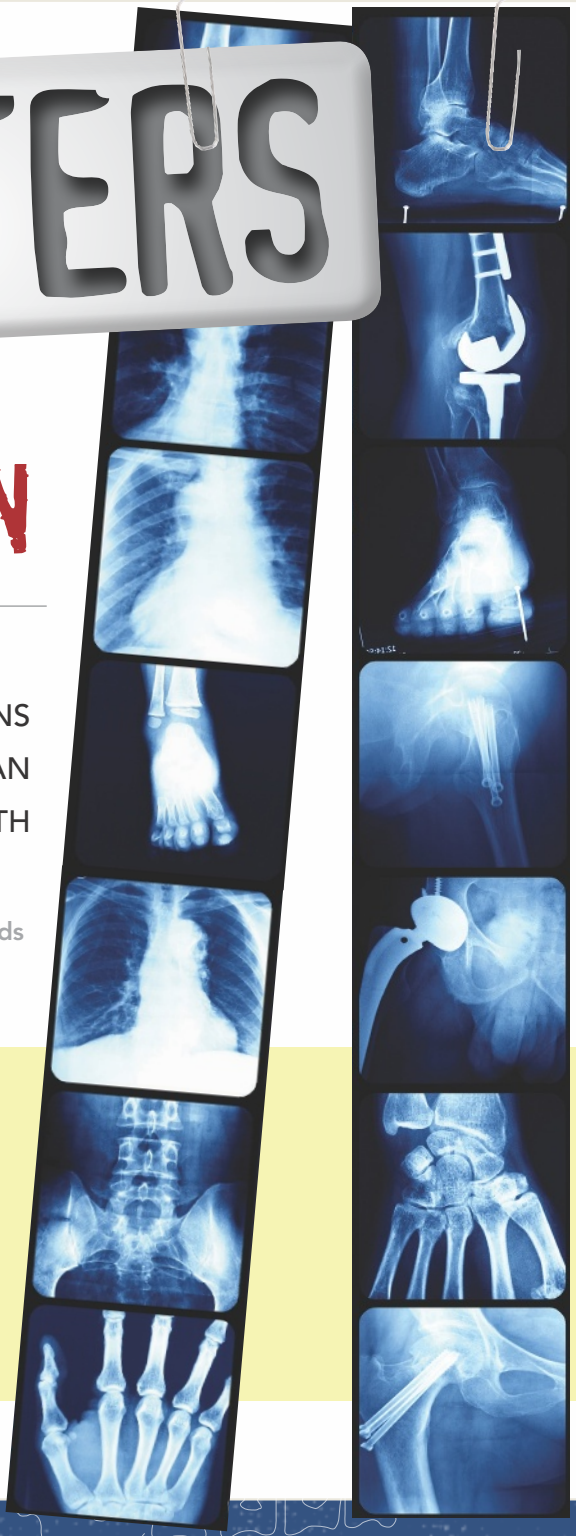
MYTHBUSTERS

RADIOLOGY EDITION

THERE ARE A LOT OF COMMON MISCONCEPTIONS SURROUNDING THE IMAGING SPECIALTY. HOW CAN RADIOLOGISTS DEBUNK THESE MYTHS FOR BOTH PATIENTS AND REFERRING PHYSICIANS?

By Meghan Edwards



Every group of individuals has its own set of myths or stereotypes attached to it, and radiologists are no different. Here's how to bust some common radiology misconceptions.

#1 Radiologists aren't doctors.

The Myth

While most patients are aware that radiologists have something to do with imaging, they do not realize exactly what radiologists do or that radiologists have a medical degree plus years of additional training. In a recent study in the *British Journal of Radiology,* researchers found that only 20 percent of surveyed patients realized that radiologists interpreted scans. Most believed that a radiologist simply operated the machine that performed the imaging.[1]

Busted

You know the answer to this already. You've been through years of training and education to earn your MD, followed by even more years of training in your residency and fellowship. However, your patients may not know all this, and that's the issue. Not understanding the medical qualifications of a radiologist could impact your patients' care — or their perception of care. Patients may be more likely to comply with medical advice if they understand that radiologists are physicians. Educating patients about the role of a radiologist can also build allies in influencing health care policy.

So how do you bust this myth for your patients? Get your referring physicians to relay that message, suggests Cynthia S. Sherry, MD, FACR, medical director of the Radiology Leadership Institute®, chair of the department of radiology at Texas Heath Presbyterian Hospital Dallas, and director of body MR and CT at Southwest Diagnostic Imaging Center. "If patients better understood how frequently their own doctors consult with the radiologist, then they might have as much respect for radiologists as their doctors do," she says. "Since patients respect and trust their doctor, it would be very powerful if this message came from their own physician."

#2 Radiologists dislike communicating and just want to be left alone.

The Myth

Do a google search for "good careers for people who dislike socializing," and radiology pops up on nearly every list. Because radiologists are not always directly dealing with patients, it is a common belief that radiologists spend all their time in a dark room reading images, neglecting to talk to others — and that's how they prefer it.

Plausible

Although any label on a group is inherently problematic as there are as many different personalities as there are people, this one may not entirely be a myth. Sherry notes, "Many radiologists have elected to be in a specialty where they can be alone a lot of the time and be thoughtful and deliberate about their work. But these limited interactions may not always be the right path. In a world of shrinking reimbursements and practices opting for teleradiology services, it is important that radiologists show their value to the health care team by communicating more frequently and personally with other physicians and patients."

Andrew L. Rivard, MD, assistant professor and director of cardiac imaging at the University of Mississippi, makes interacting with patients a priority in his practice. He communicates with his patients from the very beginning of the procedure, introducing himself and explaining why the imaging is being done. Following the procedure, he asks his patients if they would like to see the images, then explains the basic anatomy of the image and answers any questions patients might have. "The radiologist is the expert here," he says. "Who better to talk with patients in imaging than the radiologist?"

In addition to interacting with patients, Rivard recommends busting this myth by getting out in the medical community. "I go to a multidisciplinary conference four times a week, as well as journal clubs where I can meet physicians in the community," he says. Radiologists can also consider volunteering for a committee at their hospital or in a medical association.

#3 Radiologists communicate with referring physicians only through the radiology report.

The Myth

When and how much communication is necessary between radiologists and referring physicians is a concept that is still being hammered out by both parties. In the fee-for-service era, many radiologists and referring physicians believed that the radiology report was the only communication needed.[2] But is that still the case today?

Busted

Radiologists are increasingly finding that the fee-for-service model is being left behind and that in order to position themselves as valuable members of the health care team, communication of all kinds is necessary. This may mean directly conferring with a referring physician about the results of a significant finding or answering follow-up questions after the report is received.

How do you bust this myth and encourage referring physicians to reach out to you? Reaching out to them may be a good start. Rivard notes, "About once a day, I go upstairs to the clinic or hospital floor to hand out a paper report for a complex or interesting patient. Although this can be time-consuming, the paper report is always a nice touch in the digital world." Not only does this increase your visibility among your referring physicians, it gives you the opportunity

to cultivate your relationship with them by letting the referring physicians ask you questions.

For Sherry, improving communication with your referring physicians is all about building relationships. "Radiologists need to be available, pleasant, and helpful," she says. "Doing this will take you a long way with referring doctors." To make this a priority, she believes that radiology groups should build time into a radiologist's day and encourage quality consultations.

Although extra time is not a thing that anyone has, Sherry says that radiologists should also take the time to make sure that their reports have clear and actionable results. "Radiologists shouldn't hedge their conclusions unless they really have to," she says. "They should be clear, decisive, and actionable."

#4 Radiologists prioritize quantity over quality.

The Myth

The fee-for-service framework has been in place for a long time, and it was prudent in the past for radiologists to produce as many reports as possible.[3]

Plausible

Like our second myth, this one may hold a grain of truth. The transition from fee-for-service to pay-for-performance is beginning to take hold. Yet some still believe that the radiologist's job is to simply complete the report and move on to the next study. Sherry notes, "Some radiologists are so engrossed in productivity and RVUs, they have shoved to the backburner other things such as communicating with other physicians outside of reports. They tend to work through the lunch hour when they ought to be going to the hospital cafeteria and mingling with other clinical specialists."

The key to busting this myth is the same as previous myths: "Weaving yourself into the medical community of your hospital makes you a valuable, contributing member," says Sherry. "You can't do that if you're just sitting behind the screen trying to crank out reports."

The ACR's Imaging 3.0™ initiative calls for radiologists to make patient-centered care a larger priority as reimbursement moves away from fee-for-service. One of Imaging 3.0's undertakings involves getting referring physicians and hospitals to consult clinical support systems such as ACR Select™, reminding them that radiologists are the experts on diagnostic imaging and therapy and that they should be in a consultative role. The Imaging 3.0 case studies (*http://bit.ly/ACRCaseStudies*) also showcase radiologists who have made strides in becoming integral members of the health care team, such as a Rhode Island practice that has transitioned into a full-fledged clinical care practice. To learn more about Imaging 3.0, please visit *http://bit.ly/ACRImaging3.* //

ENDNOTES

1. O'Mahony N, McCarthy E, McDermott R, O'Keefe S. "Who's the Doctor? Patients' Perceptions of the Role of the Breast Radiologist." *BJR* 2012;85(1020). http://bit.ly/PatientPercep. Accessed Nov. 30, 2013.
2. Berlin, L. "Communicating Findings of Radiologic Examinations: Whither Goest the Radiologist's Duty?" *AJR* 2002;178(4):809–15. http://bit.ly/RadComm. Accessed Dec. 4, 2013.

YOUR TOOLKIT

Looking to bust these myths in your community or practice? The *ACR* offers valuable resources to help you get ahead.

Helpful Handouts

Use these pamphlets and tools to educate your patient on quality initiatives such as ImageWisely® at *http://bit.ly/ImageInfo.*

Communication Tips

Read "Point A to Point B" (*http://bit.ly/ACRPointAB*) and "Eight Ways to Maintain a Good Relationship with Hospitals and Referring Physicians" (*http://bit.ly/HospRelations*) from past issues of the *Bulletin* for advice on interacting with referring physicians.

The Imaging 3.0™ Resources

The Imaging 3.0 movement showcases radiologists who are striving to promote quality patient care. A recent case study, "Survey Says," investigates what referring physicians need and whether they are getting what they want. Read more at *http://bit.ly/Img3SurveySays.*