

For referring physicians, radiology reports are 'clinically unhelpful'



It is through a radiology report that the radiologist communicates imaging findings and recommendations to the referring clinician. Radiology reports, in addition to being produced quickly, are written following a structured format, i.e., each report contains the same elements in the same places. They also contain all information necessary for coding and billing, enabling the practice to avoid leaving any available revenue uncollected.

"By some measures, in other words, these reports are just about as good as they could be. And yet, from the point of view of the [referring] physicians relying on them to care for patients, they are disappointingly unhelpful," says Richard B. Gunderman, MD, PhD (Department of Radiology, Indiana University School of Medicine) in a commentary to appear in the Journal of the American College of Radiology.

Radiology reports, the commentator explains, are unhelpful because:

- They are often remarkably unfocused, making it hard for a referring physician to determine the key message or "bottom line" of the report.
- They address each facet of the anatomy and pathology in a checklist-like fashion, frequently failing to draw everything together into a well-considered, coherent message.
- In other cases, they foster a kind of misdirection, by failing to draw the reader's attention to the most urgent, concerning, or relevant issues.

For these reasons, many referring physicians can't help but say that the radiologists producing such reports must either not know or not care about their work. Indeed, these radiologists are seen to be more intent on maximising production rates and revenue collection than contributing to patient care.

"To fix this problem, we need to recover the true purpose of a radiology report, which is to help health professionals take good care of their patients," Dr. Gunderman points out. "A high-quality radiology report provides a coherent, well-supported diagnostic impression that directly addresses key patient management questions, while accurately reflecting the degree of confidence that the examination itself allows."

The author urges radiologists to "understand and serve" their true constituency — not coders, billers, business managers, or malpractice attorneys, but the physicians and other health professionals who entrust them with the care of their patients.

"A radiology report is less a payment mechanism than an opportunity to enhance patient care," Dr. Gunderman emphasises.

Source: [Journal of the American College of Radiology](#)
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