



“Building Trust And Empathy: Effect Of A Radiology Clinical History
In The Radiologist-Patient Relationship”

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Physical contact is
a human necessity.

David Byrne

INTRODUCTION

- THE IMAGING REQUISITION FORM (IRF) IS THE PREVAILING COMMUNICATION SYSTEM WHERE THE REFERRING PHYSICIAN COMMUNICATES WITH THE RADIOLOGIST
 - CLINICAL INFORMATION THAT DIRECTLY IMPACTS THE IMAGING STUDY INTERPRETATION QUALITY
- THE RADIOLOGIST WORK CAN BE CONSIDERED ONLY AS A COMMODITY SERVICE PROVIDER RATHER THAN A CERTIFIED MEDICAL DOCTOR OR AN EXPERT MEDICAL CONSULTANT THAT TREATS PATIENTS USING MEDICAL IMAGING
- PATIENT-CENTERED RADIOLOGY PRACTICE INITIATIVE BY THE RSNA SUPPORTS THE CONCEPT OF COMMUNICATING DIRECTLY WITH PATIENTS

Radiology in the Era of Value-based Healthcare: A Multi-Society Expert Statement from the ACR, CAR, ESR, IS3R, RANZCR, and RSNA

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Radiology 2021; 298:486–491 • <https://doi.org/10.1148/radiol.2020209027> • Content code: OT

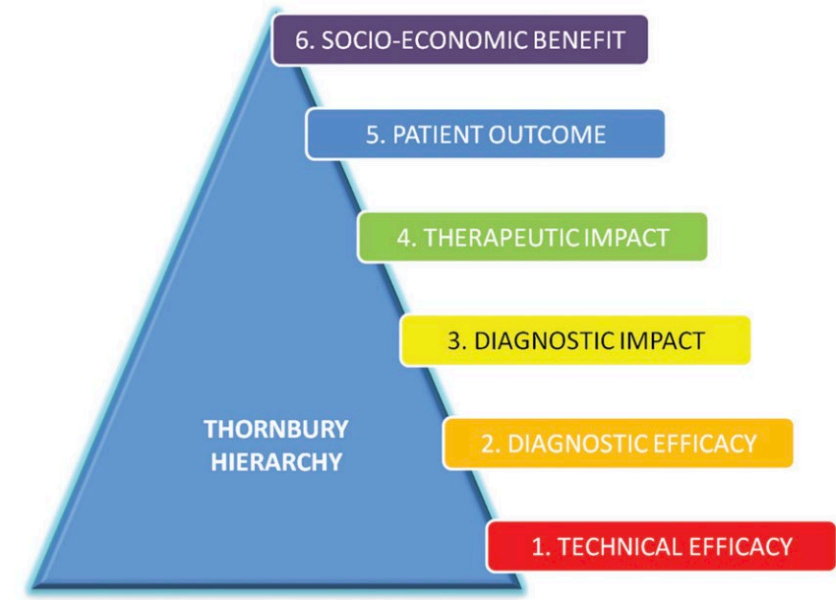
Background: The Value-Based Healthcare (VBH) concept is designed to improve individual healthcare outcomes without increasing expenditure, and is increasingly being used to determine resourcing of and reimbursement for medical services. Radiology is a major contributor to patient and societal healthcare at many levels. Despite this, some VBH models do not acknowledge radiology's central role; this may have future negative consequences for resource allocation.

Methods, findings and interpretation: This multi-society paper, representing the views of Radiology Societies in Europe, the USA, Canada, Australia, and New Zealand, describes the place of radiology in VBH models and the health-care value contributions of radiology. Potential steps to objectify and quantify the value contributed by radiology to healthcare are outlined.

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PATIENT-CENTERED RADIOLOGY PRACTICE

- INITIATIVES SUCH AS 5 PATIENTS A DAY SEEK TO ENCOURAGE RADIOLOGISTS TO HAVE AN APPROACH WITH THE PATIENTS THEY SERVE THROUGH IMAGING STUDIES.



OBJECTIVE

APPLY A MEDICAL HISTORY TAKEN BY RADIOLOGY RESIDENTS BEFORE PERFORMING CT OR MRI IMAGING STUDIES IN PATIENTS REFERRED ON AN OUTPATIENT BASIS, CURRENT SYMPTOMS, MEDICAL HISTORY AND TREATMENT THAT SUPPORTS AND REINFORCES THE INTERPRETATION OF THE IMAGING STUDIES.

Imagen Diagnóstica		Hospital Universitario "Dr. José Eleuterio González"		Unidad de Imagen por Resonancia Magnética		UANL	
Datos del paciente							
Nombre:		Fecha:		9/17/2021			
Registro:		Sexo:		Edad:			
Dirección:		Teléfono:					
Estudio solicitado:		Región:		Contraste:			
Referido por:							
Implantes metálicos:		Otros:					
Marcapasos:							
Medicamentos y dosis:							
AHF:							
APP:							
Crónicodgenerativos:							
Quirúrgicos:		Tipo de cirugía:					
Quimioterapia:		Última:					
Otros:							
APNP:							
Ocupación:							
Tabaquismo:							
COMBE:							
Alérgia medio de contraste:							
Otros:							
GyO:							
G P C A O		FUM:					
Otros:							
PA:							
Diagnóstico:						Dr. Eduardo Hernández Rangel 5932330	
Estudios de RMN previos:		Fecha:				Nombre y CP	
Exámenes de imagen previos:		Fecha:				Nombre y CP	
Otras:						5932330	

METHODS

CLINICAL HISTORY/INTERROGATION AREA

- PROSPECTIVE STUDY INCLUDED 883 OUTPATIENT COMPUTED TOMOGRAPHY (CT) OR MAGNETIC RESONANCE IMAGING (MRI) STUDIES
- SATISFACTION SURVEY APPLICATION USING A LIKERT SCALE TO PATIENTS

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Referido por:					
Implantes metálicos:		Otras:			
Marcapasos:					
Medicamentos y dosis:					
AHF:					

CLINICAL HISTORY/INTERROGATION AREA

Adapted with the necessary hygiene measures to carry out an adequate and private interrogation.

Módulo 1

MÓDULO PARA
HISTORIAS CLÍNICAS



PROTECCIÓN DE
ACRILICO
TRANSPARENTE

ESCRITORIO
PLEGABLE



ESCANÉA PARA UNA
VISTA EN 360°



RESULTS

- **40.7 %** (423/883) OF THE RADIOLOGY REQUISITIONS MENTIONED THE PERTINENT CLINICAL CONDITION, WHICH CORRESPONDS TO A 95 % CONFIDENCE INTERVAL
- **83%** (732/883) OF THE CLINICAL HISTORY PERFORMED BY RADIOLOGY RESIDENTS MENTIONED THE PERTINENT CONDITION.
- THE CONDITION RATE IN THE RADIOLOGY REQUISITION IS **CORRELATED SIGNIFICANTLY WITH THE CLINICAL HISTORY RATE** (X² TEST, P<0.00001).



RESULTS

- **39.6 % (350/883)** OF THE CASES, A **SPECIFIC TECHNIQUE WAS REQUESTED**, ESPECIALLY FOR BRAIN MRI AND HEAD AND NECK PATHOLOGIES.
 - TRASRECTAL CONTRAS COMPLEMENT
 - SPECIFIC MRI SEQUENCES
 - INSPIRATION/ESPIRATION
- **PROTOCOLS SIMPLIFICATION IN 76%** (323/426)
- **96 % (850/883)** OF THE PATIENTS REPLIED THAT THEY PREFER TO BE EVALUATED WITH A BRIEF CLINICAL HISTORY AND INFORMED BY A RADIOLOGIST BEFORE THEIR IMAGING STUDY
- **88%** REFERRED TO BE COMFORTABLE FOR THE RADIOLOGIST TO DISCUSS THEIR IMAGING FINDINGS IF NECESSARY.



DISCUSSION

RADIOLOGY CLINICAL HISTORY

- ALLOWS ADEQUATE CLINICAL CONTEXT
 - CURRENT SYMPTOMS
 - MEDICAL HISTORY
 - TREATMENT
- HELPS TO REINFORCE AND CREATE A MORE ROBUST AND SUSTAINED RADIOLOGY IMAGE INTERPRETATION.
- THIS PRACTICE PROVIDES THE OPPORTUNITY FOR BETTER COMMUNICATION NOT ONLY BETWEEN THE RADIOLOGIST AND THE TREATING PHYSICIAN, BUT ALSO THE ABILITY FOR DIRECT INTERACTION BETWEEN THE RADIOLOGIST AND HIS/HER PATIENT.

CONCLUSIONS

THE INTEGRATION OF A RADIOLOGY MEDICAL HISTORY PERFORMED BY RADIOLOGY RESIDENTS BEFORE EVERY OUTPATIENT IMAGING STUDY BENEFITS IMAGING STUDY INTERPRETATION AND GIVES THE RADIOLOGIST AND RADIOLOGIST IN-TRAINING AN OPPORTUNITY FOR A PATIENT-CENTERED PRACTICE.

OUR MAIN LIMITATIONS ARE THAT WE ARE IN A UNIVERSITY HOSPITAL WHERE WE DON'T HAVE ACCESS TO AN ELECTRONIC MEDICAL RECORD, AND THE IMAGING REQUISITION FORM IS A HARD COPY. WE ONLY INCLUDED OUTPATIENT IMAGING STUDIES, WITH A SMALL SAMPLE SIZE, INCLUDING ONLY MRI AND CT STUDIES.