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Improving Communication and Trust

By [Sarah Conway, MD](#)

Editor's note: Applied Radiology and Delphi Radiology Associates convened an Expert Forum on "The Pursuit of Excellence in Breast Health: Challenges, Opportunities, and Successes" on July 29, 2016 with five breast imaging specialists to discuss current issues related to breast health. This is the third in a series of continuing print, online, and multimedia updates from that Expert Forum, which are all being made possible by the financial support of GE Healthcare. The opinions shared are those of the author(s) and/or those of the panel participants, and are not necessarily those of GE Healthcare or Anderson Publishing, Ltd, publisher of Applied Radiology.

Radiology resides at the very center of the healthcare continuum, and communication, at the very core of diagnostic radiology. Communication plays an especially important role in breast imaging. The fluid transfer of information among referring physicians, radiologists and patients is critical to ensuring timely care, patient peace of mind and optimal health outcomes.

As radiology practices become larger and more specialized, communication must become more streamlined and more efficient, allowing for increased patient throughput, offline reading, and automated reporting. More sophisticated and/or automated communication, however, can come at the expense of personal interaction with patients, referring physicians and medical colleagues. At our recent Breast Imaging Forum, expert panelists discussed how critically important it is to maintain direct communication with patients, as well as the colleagues who are a part of their integrated medical teams, including: primary care physicians, surgeons, medical oncologists, radiation oncologists and breast pathologists.

Professional Outreach Is Invaluable

The panel members all agreed that regularly scheduled, face-to-face conferences or tumor board meetings designed to address challenging cases and unusual pathologies are of great value to clinical teams involved in breast imaging. Direct communication with patients and clinicians was believed to be especially critical; even something as basic as a phone call to a referring clinician or patient can make a significant difference, not just in conveying results with clarity, but also in building trust with patients and colleagues as key members of the patient's healthcare team.

Nina S. Vincoff, MD, Chief of Breast Imaging at Northwell Health and an Assistant Professor of Radiology at Hofstra-Northwell School of Medicine, said she believes her role is so much more than just reporting a patient's results. "We are truly part of the team," Dr. Vincoff said. "At our tumor board meetings, we're not there to just show cases, but to actually participate in the conversation regarding the best course of management for our patients."

Erin I. Neuschler, MD, Assistant Professor of Radiology and Director of Clinical Research in the Department of Breast Imaging at Northwestern University Feinberg School of Medicine, said that at her facility, radiologists hold a weekly radiology and pathology concordance conference to review challenging cases. Then, as a combined team, the radiologists and pathologists determine the best course of management for the patient.

Georgia G. Spear, MD, Director of the Clinical Breast MRI Program and a Clinical Assistant Professor of Radiology in the Department of Breast Imaging at NorthShore University Health System, described a similar operation at NorthShore. In addition to tumor board meetings, Dr Spear said, her group holds a quarterly conference with the breast leadership team to discuss workflow issues, which can include cases that could have been handled better. This allows the team an opportunity to continually learn and improve.



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Radiologists' Value as Resources

Joseph P. Russo, MD, Senior Chief of Mammography at St. Luke's University Hospital System, said he and his fellow radiologists have been making it a priority to reach out to and develop strong relationships with referring physicians, including surgeons, OB/GYNs and internal medicine specialists.

"These referring physicians are extremely comfortable having the radiologists at their staff meetings," Dr. Russo stated, noting that this gives his group an opportunity to communicate updates about new technology in the women's imaging department. Dr. Russo explained that his group's outreach efforts are bearing fruit; the group receives many calls each day, and questions often relate to MRI and ABUS cases, which can be complicated to read and understand.

Demonstrating radiologists' clinical value in the care team has been an important topic in radiology for some time and much effort has gone into communicating the importance of getting out of the reading room. If radiologists don't do this, and instead drift into the background of medicine and clinical decision making, Dr. Russo warned, they risk becoming a commodity.

"Communication is probably going to be the number one thing that ensures the survival of our specialty as we know it," he cautioned.

Patient Communication Is Vital

Direct communication with patients is another topic that sparked much discussion on the panel. All of the panelists were passionate about the need to communicate with patients directly and promptly, especially in breast imaging, where patient anxiety can be very high.

Dr. Neuschler emphasized the importance of communication at critical moments in patient care. When recommending a biopsy, for example, Dr. Neuschler said she brings the patient into a private room to review the image findings. She stressed the need for such an environment to make certain that patients understand the reason for the biopsy. "The patient, in turn, has my complete attention and has time to ask me any questions privately," she added.

Dr. Poller described an example of patient communication in his practice.

"If a patient needs an interventional study, we bring them into the exam room. We show them the images, and maybe they understand it and maybe they don't understand it, but at least you've gone over it. 'Look, these little white spots, this is what we need to biopsy,' and I tell them, 'Sometimes you know beforehand that you really think this is a cancer. There are a lot of times we just don't know, and I'm not trying to hide anything from you. This is what we need to do.' Or you show them the ultrasound or show them the mass and tell them, 'we need to biopsy this.'"

Dr. Neuschler agreed. "I show the patient the imaging. While they still may not understand it, you have that interaction with them and they are a part of the decision or a part of the understanding going forward."

In some practices, certain patient communications are entrusted to a specially appointed nursing staff. "If a patient has a biopsy," Dr. Poller explained, "there's a nurse navigator in the room, so it's communicated to the patient at that time that the nurse navigator will call the patient with the results. They know that a nurse is going to call them and they embrace it."

Dr. Vincoff expressed her belief a "direct result" of better clinician relationships and communication is that her practice's referral base entrust certain patient communications to her team. For example, when necessary, the radiology team schedules biopsies and provides the results directly to patients before involving the breast surgeon. The breast surgeons also appreciate that if an axillary lymph node needs to be biopsied, the radiology team will go ahead perform those procedures, as well.

Communication Is Essential to the Future of Radiology

Effectively communicating with referring physicians, medical colleagues, patients and staff is paramount to demonstrating the value the radiologist has as a member of a patient's integrated care team.

Each panel member's practice may follow a different method for communicating with medical colleagues and patients directly, but they all believe they are positively affecting patient care and outcomes.

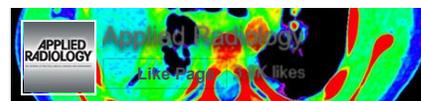
Whether it's Dr. Poller's practice coming together with radiologists, mammography technicians and nurse navigators in a daily "huddle" to lay out the game plan for the day, Dr. Neuschler's allowance for time to provide individual,

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compassionate and private counseling to patients who will require a biopsy, or Dr. Russo making "the old fashioned phone call" to report findings and create a bridge of trust with a referring physician, all agreed that raising the bar in communications is vital to the future of radiology, and to improving patient outcomes in breast health.

Panel Participants

- Sarah Conway, MD, President, Delphi Radiology Associates Consulting
- Erin I. Neuschler, MD, Assistant Professor of Radiology and Director of Clinical Research, Department of Breast Imaging, Northwestern University
- William R. Poller, MD, FACR, Director, Division of Breast Imaging, Allegheny Health Network System
- Georgia G. Spear, MD, Director of the Clinical Breast MRI Program, and Clinical Assistant Professor of Radiology in the Department of Breast Imaging, NorthShore University Health System
- Nina S. Vincoff, MD, Chief, Division of Breast Imaging, Northwell Health
- Joseph P. Russo, MD, Senior Chief, Mammography, St. Luke's University Hospital System

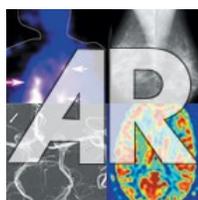
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Sarah Conway, MD is a board-certified diagnostic radiologist and President of Delphi Radiology Associates, a Health Solutions Consulting firm specializing in healthcare quality, safety, and cost management.

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