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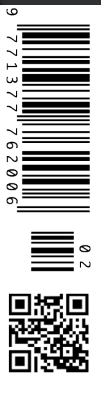
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Patient Communication in Radiology - Learning From COVID-19 Experience

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Nothing will be the same after the coronavirus pandemic. The COVID-19 crisis entails an acceleration in some trends like health care digital transformation, the shift from volume-based care to a value-based care and the need of humanising healthcare. Patient communication is in the middle of those three trends and radiology would not be an exception.

Key Points

- Improving patient communication means higher digital adoption.
- If your product is information, communication is the way to add value.
- Strengthening professional relationships and deepening patient engagement enhances professional satisfaction and helps prevent burnout.

Digital Revolution in the COVID-19 Era

The “new normal” and the second wave of the pandemic has created a paradigm shift towards digital technology, fuelled by the COVID-19 pandemic. Radiologists now need solutions that alleviate their workload while maintaining the highest levels of precision in imaging interpretation in order to work more efficiently to manage the workload. I especially see an opportunity for artificial intelligence (AI) to speed up the scanning, processing and diagnosis for improving patient care. Solutions that enable automation and enhanced workflow efficiencies that adapt dynamically to rapidly changing circumstances for all the radiology staff and the patients could also be beneficial. I feel the online check-in and fast check-out will be part of the “new normal” demanded by patients and business managers. Most of the bureaucratic relationship with the patients could be digital like making a reservation for a restaurant or buying a flight ticket. Improving patient communication means higher digital adoption.

Reporting to Patients

Reports are increasingly shared through patient portals or electronic health records (EHRs). While this improves the process, it also needs to be associated with an

improvement in the language of those reports. A high-quality radiology report is one that is not only accurate but actionable and interpretable by its end-reader. Increasingly, the readership and reach of radiology reports are expanding beyond the healthcare team to include patients and their families. We must redesign our processes and standards of communication, so they become more user-friendly to our referring clinicians and patients.

The target audience for our radiology reports now includes our patients (Lourenco and Baird 2020), provided the radiology reports can be crafted in a way that is straightforward and easy for patients to understand. It is important to proofread the text before it is validated, avoid using imaging-related jargon, skipping abbreviations, providing appropriate context and avoiding language that may be considered ‘hostile’ (or “patient-refused”). If the report can be understood by everyone, you are then adding value.

A few radiologists are proposing to share their phone numbers on the report in order to give the patient the chance to address any doubts on the report which results in better outcomes on the diagnosis and patient satisfaction (Kemp et al. 2020).

Moving from a volume-based to a value-based practice



Image Credit: Paula Riera Manchón

Moving From a Volume-Based to a Value-Based Practice

Moving into a value-driven practice requires that we work around the needs and desires of patients and referring clinicians. The principles of patient-centred care will be at the forefront of this shift. Although this transformation is intended to empower patients and improve health outcomes, it also highlights the radiologists' essential role in healthcare and makes radiologists more visible to their patients. Value sits at the centre of the discussion regarding health care redesign and patient experience is often considered a numerator in the value equation.

Nobody in radiology doubts that the incorporation of artificial intelligence is necessary to improve the radiologist's clinical role, and to help them become part of the team of professionals who interact with the patient. Anyone who thinks radiology could be a good place to avoid the patient's relationship are wrong. The clinical relevancy of the professional future of radiology makes it impossible to be hidden behind a screen. The mere image reader and report issuer is doomed to be replaced by artificial intelligence.

We Need To Be Excellent Communicators

The product that we create in diagnostic radiology is information. It is only through information and effective communication that we affect patients' lives. In radiology, there is no doubt that communication is the cornerstone to give value to our services and humanise them.

Focusing on patient communication, we must recognise

that radiological processes were never designed to establish direct communication between radiologists and patients. Traditionally, the main role of the radiologist was to analyse the images and establish a diagnostic hypothesis and communicate it to the referring clinician. This process has traditionally excluded the patient from that communication channel.

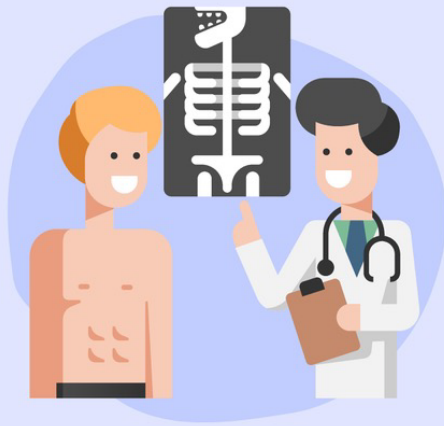
In the radiology rooms, patient images are obtained by means of technology that turns out to be strange to them, generating many uncertainties that they would like resolved as soon as possible. The radiographers face these questions every day without any training or guidelines on patients communication nor any standardisation of the information to be communicated.

Although relevant authors have for years proposed models of diagnostic communication directly with patients in patient-centred radiology proposals, it is true that it has not yet become an extended practice. The single exception could be in the breast radiology environment where radiologists have been early adopters of this practice. Communication between radiologists and patients leads to tighter bonding hence increasing patient trust in the radiology service. Patients perceive discussion with a radiologist of high value (Gutzeit et al. 2019). If your product is information, communication is your way to add value.

Humanising Radiology

The coronavirus crisis has shown the worst part of our healthcare system. People dying alone, separated from

Humanising radiology



Breaking bad news



Communicating errors



Professionals Burnout

Image Credit: Paula Riera Manchón

their families in the Intensive Care Unit (ICU) and devastated healthcare professionals has unfortunately become the image of the pandemic. From the tough lessons learned rises the necessity of redesigning our health care system into a more humanised system. Patients, families and healthcare professionals have been demanding a new model of healthcare, a human-centred care. It's time to embrace the change.

Ian Weissman, member of the American College of Radiology (ACR), has been conducting what he calls "Hello Rounds." Whenever he sees a patient on a stretcher in the hallway of the radiology department awaiting care, he stops to greet them and sees if there's anything he could do for them. It's a small step, but one that can have a profound impact on patients who might feel that they've been forgotten amidst the hustle of a busy hospital.

Breaking Bad News

Another challenge of patient communication in radiology is breaking bad news. The radiology service generates relevant information for patients that may change the course of their lives forever. An expanding body of literature indicates that the way bad news is conveyed has meaningful consequences with respect to patient outcomes, including information recall, emotional distress, satisfaction, trust in the clinician, and treatment adherence (Porensky and Carpenter 2016).

That means we must be prepared to communicate and also give patients emotional support when we become aware of serious changes in their health. Professionals

with communication, empathy and compassion skills are the most valued by patients in these moments. Effective communication is fundamental to a successful patient-radiologist relationship; shifting the communication model to be more patient-centred has been shown to improve both quality of care and patient satisfaction (Itri 2015).

When we talk about bad news, it is important to ensure that the patient does not receive this information from a portal without proper clinical support that the situation requires. This is one of the major challenges for the digitalisation of results delivery.

Communicating Errors

Radiology involves decision-making under conditions of uncertainty, and therefore cannot always produce infallible interpretations or reports. The interpretation of a radiologic study is not a binary process. Also, sometimes patient expectations are not close to reality. Good quality communication through education and dialogue with patients and colleagues about errors and the limitations of imaging would appear to be the only answer to misperceptions about radiological error within medicine and in the wider community (Cox and Graham 2020).

Professional Burnout

Burnout is a global health problem affecting physicians across all medical specialties. Radiologists, in particular, experience high rates of burnout, and this trend has only continued to worsen since the COVID-19 pandemic.

Burnout refers to a constellation of symptoms, including a loss of enthusiasm for work, a high degree of emotional exhaustion, high degree of depersonalisation, and a low sense of personal accomplishment (Chetlen et al. 2019). Increasing workload is one of the leading sources of job-related stress; also repetitive tasks, complex technology environment (PACS and EHR), and feeling isolated in the reading room. The volume and complexity of information being provided to radiologists for reporting has increased enormously in recent years.

Because radiologists have limited contact with patients, radiologists are physically invisible to them, and their role as physicians also remains hidden or invisible to most patients. This lack of recognition increases the radiologists' feeling of stress.

Engagement is key when it comes to dealing with isolation. Some authors recommend that physicians work to increase their visibility and participation in providing patient care (Glazer and Ruiz-Wibbelsmann 2011). Introducing themselves to patients, explaining imaging examination procedures, creating patient-friendly imaging reports, and designing radiologic facilities that promote comfortable doctor-patient interactions is very important (Chetlen et al. 2019).

Strengthening our professional relationships and deepening our patient engagement enhances our professional

satisfaction and helps prevent burnout. Those who have experienced this believe it increases satisfaction (Kemp et al. 2020).

Conclusion

Communication is the cornerstone of healthcare. Effective communication is not only critical to meeting patient needs and providing safe, high-quality, and patient-centred care, but it is also necessary to how we manage healthcare delivery.

The fast-changing nature of radiology means that radiologists continually have to learn and adopt new skills. Now is the time to improve communication skills in order to build the new era of radiology. Because our profession is based on service, we are already well prepared to embrace this transition. A radiologist's role extends much further than simply reporting scans and they play a central role in the management of patients. Thus, shifting to a value model care and making the radiology services a more humanised place for patients and families, and professionals is now critical for this specialty.

Conflict of Interest

None. ■

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