The Future of Radiology Consultation

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Disclosures/Conflicts of Interest

- None

Purpose

- To recognize four basic models of radiology consultation, including their benefits, drawbacks, and examples in practice
- To appreciate the benefits of radiologists taking a more collaborative role in patient care

Background

- Radiologists should function not as production line workers according to a factory model, but as consultants.
- We need to carefully consider the kind of relationships we are building with referring health professionals.
- Radiology consultation can take many forms. Despite increasing use of information technology, direct consultation still has an important role to play.

Materials and Methods

- We evaluated characteristics of different types of radiology practices and consultation activities documented within and outside of our institution.
- Major themes were categorized into four distinct radiology consultation models.

Results

Four Models of Radiology Consultation

1. Isolated Radiologist
2. Available Radiologist
3. Eager Radiologist
4. Embedded Radiologist

1. The Isolated Radiologist

- Reading room is literally or figuratively distant
- Interprets the greatest number of studies
- Anonymous to patients, clinicians, and administrators
- Examples: teleradiology services, inaccessible reading room in one's own hospital

2. The Available Radiologist

- Readily responds to queries but rarely initiates contact with referring clinicians
- Interprets a large number of studies
- Few meaningful clinical relationships
- Examples: reading rooms commonly seen today

3. The Eager Radiologist

- Actively builds relationships with clinicians and patients
- Viewed as less productive using traditional metrics
- Stronger clinical relationships
- Examples: radiology clinics, radiology workstation in the physician's lounge

4. The Embedded Radiologist

- An integrated member of the patient care team
- Perceived productivity may be lowest of all four models
- Clinical interactions are robust and include point-of-care decision making
- Examples: radiology residents rotating with non-radiology services

Discussion

- The four consultation models presented here are not all-encompassing or inflexible. The key is finding a balance that builds one's practice beyond mere image interpretation.
- Productivity is not always reflected in the most obvious quantitative measures. For example, a radiologist who builds superb relationships with referring health professionals may do far more to build a practice than an isolated one who generates huge numbers of dictations.
- Radiologists also need to adapt to ongoing reforms in physician reimbursements, such as proposals requiring physicians to identify their level of involvement in patient care. The era of bundled payments will tend to reward radiologists who function in a less reactive, more collaborative capacity.

Discussion

- We believe that many practices would benefit from shifting toward the model of the eager radiologist. This keeps radiologists more visible and knowable on a personal basis without reducing productivity to the same degree as the embedded radiologist. It takes the professionalism of both the referring physician and the radiologist seriously, respecting the important role that relationship plays in ensuring good care for patients. And it provides the necessary degree of adaptability in ensuring that radiologists can respond as needed to the demands of patient care.

Conclusions

- Consultation in radiology is paramount to building strong relationships with referring clinicians.
- A more collaborative approach to consultation is one that every radiologist concerned about the future of radiology should be eager to embody.

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