

The Role of Actionable Reports in Streamlining Patient Care

The Implications for Radiology

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INTRODUCTION

Is there a risk that radiology will become marginalized as payment changes from traditional fee-for-service payment to value-based reimbursement?

As one of the payment-reform provisions of The Patient Protection and Affordable Care Act of 2010, value-based reimbursement takes its place among accountable care organizations, capitated or bundled payments and the medical home as an initiative to improve quality and efficiency and – in the bull’s eye – reduce healthcare costs. Critical to the value-based model is standardized and transparent information that can be used to compare patient outcomes, evaluate health care status, assess patient experience and measure both direct and indirect costs of services provided.¹

Because diagnostic radiology procedures are usually an intermediate step toward a patient’s outcome, measuring the added value of radiology to patient care is challenging and not frequently done. Also, the information that is derived is often subjective or not communicated in a precise, clear manner to referring physicians and others stakeholders. Therefore, a valid fear among radiologists is that they could suffer the consequences, but not reap the rewards, of a compensation paradigm based on pre-specified performance measures.

A striking example of this phenomenon is the dramatic decrease in hospital length-of-stay coinciding with the widespread use of technologies such as computed tomography (CT).^{2,3} Although many in radiology appreciated the role of CT in this change, the contribution of CT was difficult to measure and often seriously under appreciated by physicians and administrators outside radiology. CT costs continued to be seen as a burden by many who did not understand the value to patient care and to revenue, leading to radiologists’ not being sufficiently rewarded for the efficiencies they brought to the system.

Thus, the broader question becomes how radiologists can raise their visibility in the face of the integrated patient care cycle, underlining their importance and contribution to the goals of healthcare today. First, it has been noted,⁴ it will be important for radiologists to “get to the table” to participate fully in the new health care environment. Once there, it will be imperative for them to know what to do.

It is interesting to note that these challenges dovetail into the emphasis on actionable information, that is, the type of reporting that allows physicians to quickly order and execute follow-up actions. Fostering faster and more effective treatment, such actionable information streamlines the patient care cycle – saving time, promoting efficiency and advancing quality care.

Significantly, this emphasis on actionable information is something radiologists can leverage to their advantage, putting themselves in a position to substantiate – and enhance – their value in the healthcare delivery process.

¹ Issue Brief: *Value-based Purchasing: A Strategic Overview for Health Care Industry Stakeholders*, 2011, Deloitte Center for Health Solutions.

² JC Battle et al. *Patients Imaged Early During Admission Demonstrate Reduced Length of Hospital Stay: A Retrospective Cohort Study of Patients Undergoing Cross-Sectional Imaging*. *JACR* (2010) 7: 269-276.

³ Hurlen et al. *Does Improved Access to Diagnostic Imaging Results Reduce Hospital Length of Stay? A Retrospective Study*. *BMC Health Services Research* (2010); 10: 262.

⁴ *Culture Shift: An Imperative for Future Survival*, Lawrence R. Muroff, MD, *J Am Coll Radiol* 2013, Vol. 10, No. 2. American College of Radiology.

TIME IS OF THE ESSENCE

In the search for viable, easily understood metrics for measuring their value, according to a recent article in *The Journal of the American College of Radiology*,⁵ radiologists should “engage clinicians and managers to map the processes and associated costs of episodes of patient care.” The goal of this process is to “identify areas for providing and improving integrated diagnostic information and measure the value thereof.”

The authors suggest that in the face of time-driven, activity-based costing practices that trace healthcare activities to events that generate cost, radiologists should shine the spotlight on not only the information generated by imaging, but how the radiologist’s associated consultative services and coordination of care can save resources downstream. Among those resources, is the “nonrenewable resource of physician time.” This is an easily understood metric that radiologists can affect by shortening the path from initial patient presentation to diagnosis to reporting to treatment. By helping to specifically recommend or to clarify the next appropriate steps in the patient care process, and sometimes facilitating that process through effective communication, time to treatment can be substantially decreased.

For example, emergency departments (EDs) have become very dependent on rapid turnaround for CT, ultrasound and other examinations to be able not just to diagnose, but to facilitate triage through the ED. In the outpatient setting, clinical physicians have become dependent on radiologists being able to examine patients and provide a report by the time they arrive in their clinic for an appointment. Referring physicians are quite aware of the patient’s interest in minimizing waiting time and avoiding having to schedule examinations on a separate day from their clinic visit.

For complicated inpatient cases, the radiologist often may have a broader perspective on the patient’s complex array of problems than the individual specialists, each working on one aspect of the patient’s care. The ability of the radiologist to collect and effectively organize, integrate and communicate clinical information can materially assist proper and rapid management. A diagnostic radiologist may be the first to recognize a condition such as an intra-abdominal abscess or active bleeding in the GI tract. Rapid communication both with the clinician and interventional radiologist can lead to treatment of such conditions (with drainage or intravascular embolization) within hours. Therefore, by providing dynamic, actionable reports that expedite downstream clinical decision making, the added value of a radiologist can be measured by the quality of information and the time savings that information provides within the continuum of the larger patient care cycle. This requires a reorientation from an emphasis on imaging technology to an emphasis on the actionable information radiologists generate and the speed at which they can deliver that data.

This shift also will require radiology to move from an “interpretation mindset,” one of the article’s authors has explained, to the pursuit of creating and organizing information that improves the accuracy of medical decisions and lowers costs.⁶

⁵ *Measuring Radiology’s Value in Time Saved*, Christoph I. Lee, MD, MSHS, Dieter R. Enzmann, MD, *J Am Coll Radiol* 2012; 9:713-717. American College of Radiology.

⁶ *The New Radiology: It’s All About Information*, AuntMinnie.com, November 2, 2012, <http://www.auntminnie.com/index.aspx?sec=su p&sub=imc&pag=dis&ItemID=101017>

SUITING UP

The transition to value-based reimbursement is not, of course, the only issue fueling this focus on actionable information and the streamlining of the patient care cycle. Other elements of reform and competitive challenges also are driving the “need for speed” meshed with providing all the details necessary to adhere to regulations, compliance rules and patient safety requirements. These are onerous blows to an industry still reeling from reimbursement cuts mandated by the U.S. Deficit Reduction Act of 2005.

For specialists such as radiologists, their effects on patient outcomes can be lost in the complexity of care and the various teams of people delivering substantially different types and intensities of care. There may be numerous intermediate measures of outcomes, which can further confuse the attribution of value. The move from an emphasis by radiologists on volume to one of value is requiring the addition of radically different tools than are currently available. Although radiology and imaging still represent a relatively small proportion of healthcare expenditures, they are high profile because of the advanced technology and the cost of machines and examinations. Therefore, radiology is under heightened scrutiny as pressure increases to control costs.

CAPTURE AND RELEASE

Healthcare thought leaders agree that actionable information communicated from the radiologist to referring physician is crucial to coordinating patient care. It also will impact the patient care cycle. Thus, there are increasing demands being placed as to the types of data radiologists include in their reports. Current requirements include exam-specific radiation data, intravenous contrast types and volumes, statements indicating compliance with requirements such as the method of measurements used (e.g. carotid artery ultrasound), context specificity, compliance with protocols and detailed appropriate clinical indications for the examination being reported. This places increased pressure on radiologists’ and administrators’ productivity, but the organizations adding these requirements don’t seem to often ask the question: “Are all these extra requirements too much to ask?”

With the right reporting technology and tools to streamline workflow and ensure complete capture of actionable information, the answer can be “no,” with a further bonus of increasing reporting radiologists’ consistency, effectiveness and efficiency, with a positive effect on productivity.

Beyond just complying with external mandates, this technology can deliver actionable reports quickly, promoting faster diagnoses and treatment, which can have a profound positive effect on patient health and reduce patient-care days and readmissions. And, of course, efficiency, effectiveness and speed can add up to significant dollars saved.

FINDING YOUR VOICE IN TECHNOLOGY

Today, voice-enabled technology can play a critical role in creating timely, actionable documentation. The challenge for radiology practices and departments is to implement technology that will produce those reports in the least time, most accurately reflect the radiologists’ interpretations, be the most useful to the clinical services charged with taking care of the patient and be compliant with regulatory and reimbursement needs. In this way, radiologists can continue to provide crucial information, while solidifying their role as information integrators and communicators, thereby improving the productivity of healthcare delivery and enhancing patient outcomes.



When seeking the optimal voice-enabled reporting and communications platform, radiologists and radiology departments should look for:

Accuracy – Most radiologists are first concerned that the voice recognition technology accurately captures what they have said. This minimizes errors and the need for editing while speeding the path to a final report. It also increases the confidence of referring providers in the accuracy and correctness of the radiologist’s interpretation.

Furthermore, increased accuracy and completeness can optimize and speed reimbursement by facilitating the coding-billing process that requires many elements be included and be correctly reconciled with other sources of information.

Rapid Turnaround Time – Prior to speech recognition technology, report turnaround time was considered to be reasonable if less than 24-48 hours. Now, with such technology, some departments have been able to reduce their average turnaround to less than three hours, with many reports available within minutes. Even if radiologists opt not to self-edit, voice-enabled reporting significantly hastens the medical transcription process. While many current-day physicians do not know the history of slow turnaround times, they nevertheless appreciate the rapidity with which their reports are available. In addition to simply decreasing time from exam to report, the more contemporaneous report keeps issues fresh in the referring physician’s mind, accelerating his or her decision-making process.

Template-Driven Documentation – The ability to automate workflow by providing structured content within template-driven reports and time-saving macros is critical. Structured content has numerous advantages both to the radiologist and referring clinicians. For the radiologist, it helps ensure that all elements are included. It also eliminates the need to dictate many phrases that are automatically included. For the referring physicians, it assures they get accurate, complete, consistently configured and easily readable reports.

Data-Rich Documentation – Today’s first-tier voice-enabled reporting technology allows radiologists to automate the inclusion of various data sources such as radiation dose, ultrasound measurements, contrast dose and other related information as part of the patient report without reliance on manual input, which can be prone to error and disruptive to clinical documentation workflow. Data integrations of this capability ensure radiologists that scans are performed in accordance with appropriate protocol planning. Accuracy also ensures appropriate and timely reimbursement.

Advanced CLU Technology – Powerful Clinical Language Understanding documentation technologies, driven by an extensive knowledge base of medical terms, can provide immediate quality feedback and Clinical Documentation Improvement recommendations for the physician.

This functionality also leads to better-quality reports and provides downstream benefits to facilities and providers. Examples of potential advantages include detecting errors such as reporting the wrong side or wrong gender.

Analytics – Having timely insight into every aspect of your business is critical to effective decision making and cost management. Access to relevant prior reports and years of clinical records can provide the deep understanding and comprehensive view needed to enhance overall service quality and improve customer satisfaction rates. One must be able to use this historical data to establish baseline characteristics. Then current data must be accessible in real time or near real time to be able to discern trends and provide directive feedback to radiologists and referring physicians to make sure report content is indeed actionable and facilitates effective planning. It will be imperative that the analytics platform chosen has the capability to pull the appropriate data points from the systems utilized by the radiology department or practice.

RESULTS

When all these elements come together, the impact is widespread, ranging from improved operations to cost savings to better care in fulfillment of the healthcare mission.

For radiologists, the confluence of features presented by voice-enabled reporting technology can help them differentiate themselves from their competition including clinicians who perform and interpret their own diagnostic examinations, help clinicians in meeting their own challenges and be acknowledged as a valued team member. In the process, the time saved on reporting can allow radiologists to concentrate less on mundane, sometimes irrelevant, details that are imposed on them and more on serving a central role in the detection, diagnosis and treatment of injury and disease.

CONCLUSION

Difficult times continue for radiology as changes in reimbursement and healthcare delivery constructs bring additional pressures to an already beleaguered specialty. Success, and even survival of practices, will, to a great extent, depend on the caliber of reporting technology and methods used.

Operational realities and competitive pressures are expected to impel those who have not yet made the transition to voice-enabled reporting to do so quickly and current users to upgrade to the best available technology.

As leading radiologists have pointed out, the time is now for radiologists to take a two-pronged approach to their future by: (1) developing and leveraging their major strategic asset (accountable information) and (2) defining imaging's major contribution in conserving time in the screening, diagnosis, management and treatment of patients throughout their episodes of care.

ABOUT NUANCE HEALTHCARE

Nuance Healthcare, a division of Nuance Communications, is the market leader in creating clinical understanding solutions that drive smart, efficient decisions across healthcare. As the largest clinical documentation provider in the U.S., Nuance provides solutions and services that improve the entire clinical documentation process—from capture of the complete patient record to clinical documentation improvement, coding, compliance and appropriate reimbursement. More than 450,000 physicians and 10,000 healthcare facilities worldwide leverage Nuance's award-winning voice-enabled clinical documentation and analytics solutions to support the physician in any clinical workflow on any device.

