Justification for a Critical Results/Closed Loop Reporting System

Critical results communication/closed-loop reporting was the focus of the SIIM meeting in June of 2009. Focus on the automated reporting of critical test results continues to increase, as facilities grapple with government, ACR, and Joint Commission requirements.
An article written by staff of AuntMinnie.com, a comprehensive Internet site for radiologists and related professionals in the medical imaging industry, captured the thoughts of respected, medical professionals about the communication of critical test results.

Liability

Michael Matthews[(A)] said, "Of malpractice cases, 25 percent are diagnostic related and 75 percent are communication related."[(1)]

"Many imaging facilities might dismiss the new generation of IT software for managing critical test results as an expensive and unnecessary hassle. But such a purchase could be far cheaper than settling the lawsuits that could result if critical radiology results aren't received by the correct recipient."[(2)]

The American College of Radiology's (ACR) position in support of medical malpractice reform was reiterated by Dr. Thrall [(B)], ". . . defensive medicine costs the U.S. healthcare system $84 billion to $121 billion annually."[(3)]

Value of Time

Because automated critical results/closed-loop reporting systems are used by only a small number of PACS-enabled radiology departments, the responsibility of notifying one or more referring physicians of critical findings is typically still done by telephone or pager. This task remains an inexact process and an inefficient time waster.[(2)]

Reputation

When the referring physician doesn't receive the message, both a patient's health and the professional reputation and financial well-being of a radiologist (and facility) may be in jeopardy.[(2)]

Dr. Chang[(C)] believes that development of automated critical results reporting and long-term follow-up managed by RIS/PACS will enhance the proactive contribution and value that radiologists can offer to their peers.[(2)]

Value of Money

. . . it may save a life, as well as the millions of dollars it would take to settle lawsuits. Khorasani[(D)] noted that radiologists are increasingly named in lawsuits relating to overlooked critical results. Brigham and Women's Hospital spent between $35 and $40 million during a five-year period resolving lawsuits that involved radiologists. Failure to communicate findings represented 20% of the lawsuits, with the potential for death or significant morbidity at a high risk for 47% of the findings and of medium risk for 50%.[(2)]

Government Directives

The Obama administration's focus on reducing healthcare costs will force changes rapidly with respect to how critical results are delivered, according to Dr. Paul Chang.[(C)(2)]

(A) Michael Matthews is the director of clinical information systems in the department of diagnostic radiology at Yale-New Haven Hospital, in New Haven, CT.

(B) Dr. Ramin Khorasani is Vice Chair of Radiology and Director of Medical Imaging Information Technology at Brigham and Women's Hospital in Boston, and an Associate Professor at Harvard Medical School.

(C) Dr. Paul Chang is Professor of Radiology and Vice Chair of Radiology Informatics at the University of Chicago Medical Center in Illinois.

(D) Dr. James Thrall is the chairman of the ACR's Board of Chancellors, Radiologist-in-Chief at Massachusetts General Hospital, and Professor of Radiology at Harvard Medical Center.

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(1) www.healthimaging.com April 7, 2009. Critical test-result management systems help reduce malpractice suits.

(2) www.auntminnie.com June 5, 2009. Critical results software – it's cheaper than settling lawsuits.

(3) www.auntminnie.com August 14, 2009. ACR urges Obama to address malpractice reform

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IMCO Technologies, IMCO-STAT Critical Results/Closed-Loop Reporting software