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Tackling Communication Breakdown – Clinically Unjustified Examinations Revisited

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Author's address: Marcin Czarniecki, Department of Radiology, Mazovian Brodno Hospital, Warsaw, Poland**MeSH Keywords:****Decision Support Systems, Clinical • Electronic Health Records • Poland • Referral and Consultation****PDF file:**<http://www.polradiol.com/abstract/index/idArt/903356>

Summary

A lack of communication between the referring clinician and radiologist leads to innumerable unnecessary examinations in the developed world, including Poland. Are the current administrative efforts reaching the right audience and what changes await us in the near future?

Dear Editor,

The study performed by Sobiecka et al. regarding clinically unjustified radiological examinations, that was published in the July-September 2016 issue of the Polish Journal of Radiology, raised an issue that holds true in most radiological departments countrywide [1]. The authors retrospectively categorized CT and MRI referrals as either justified or unjustified in a large hospital in Warsaw, Poland, and indicated that there is room for improvement. The need for clinical decision support has been addressed over the past two decades across the developed world as a solution to a rapid increase in scan requests, with hospital administrators balancing to keep austerity.

The issue has engaged the Polish Medical Society of Radiology to finalize the translation of the widely popular *iRefer* guidelines developed by the Royal College of Radiologists in the United Kingdom [2]. The resource, that was designed to make the best use of clinical radiology services to practicing clinicians in their daily decision support, has been used in the UK for over 20 years. The resource is available free of charge at local regional Medical Chambers in Poland, while stocks last. Hopefully, future editions will be available in an electronic version or better yet as a phone app, making it easily accessible to clinicians when needed most.

Additionally, as part of a large project, the country's leading radiologists, technicians, and physicists in Poland have spent the past several years preparing a series of guidelines with technical parameters for all radiography and

computed tomography studies. This effort went much unnoticed by clinicians and radiologists, despite being a unique project on a world scale. Unfortunately, clinical decision support was not the dominant purpose of the project and the resource is not meant to be read by referring clinicians.

The European Society of Radiology, in cooperation with the American College of Radiology, has taken on the massive task of making a radiological referral guideline, *iGuide*, to be integrated in patient care as part of the electronic health record (EHR) [3]. The electronic guide will assist in choosing the right radiological exam for the prevailing signs and symptoms. Its use allows clinicians to be reciprocated with diagnosis support, and the radiologist by default will be provided with comprehensive clinical information pertinent to image interpretation. Lastly, patients are assured that the right tests are chosen, with unnecessary radiation being avoided. Its rollout is awaited by many, and hopefully it will find a place in Polish hospitals.

Should physicians be required by law to use evidence-based guidelines, as it is in the United States from January 1, 2017 [4], can the Europe-wide effort work to address the diverse issues in each member state? The question arises whether we are addressing the right audience in our attempts to lower the imaging burden on radiology departments. Our urgencies are not the same as the clinicians and the need for change voiced by the radiological community may be unheard – how many clinicians read radiological journals anyway?

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