

Curbside Consults in Radiology – Avoiding Pitfalls and Planning for the Future

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Overview

Most physicians are familiar with “curbside consults.” A physician approaches a colleague in the same field or a specialist in another, provides a very brief history of a real patient’s issue, and asks the colleague’s opinion on how to proceed. Generally speaking, few records, if any, are reviewed. The patient is not identified, and the consulting physician does not document or bill for services. These informal consultations used to occur mostly in hospital halls or lunchrooms or even by phone. Today the consultations can also take place via email or text message.

Curbside consults have likely been occurring ever since the practice of medicine first began, long before we even had curbs. They are a common and often valuable tool in the collegial field of medicine. Just as with any other aspect of medicine, if providers don’t act within the standard of care, liability can arise. However, because the degree of information shared and the questions asked of the consultant vary a great deal, the standards of how to act appropriately in these interactions are not always clear.

When Does Liability Arise?

Typically, for a medical malpractice claim against a physician to be successful, a physician-patient relationship must have been established first so that the physician owes the patient duty of care.

A true curbside consult usually doesn’t create such a relationship and duty. That’s why it should not create the potential for liability. However, the curbside consult should be informal and the advice given should be general in nature. When specific advice is sought or when a consulting physician’s advice will be relied upon for making treatment decisions, a formal consult may be more appropriate. Key to this interaction is clear communication between the consulting and attending physicians and clarification about the nature of the consult.

Be aware that the differences between a formal and an informal consultation can become blurred. If an on-call physician or a physician who is contracted to provide hospital coverage is sought for consultation, a seemingly informal meeting could be considered as the formation of a physician-patient relationship. The same goes in the setting of a supervisory role between the consulting and attending physician.

General Guidelines for Radiologists to Consider

When a radiologist is asked to provide an informal consultation, the first question he or she should ask is whether a formal consultation is necessary. Curbside consults are typically appropriate for general questions and low-acuity clinical questions. If the question is specific and/or complex, or when a radiologist knows that his or her interpretation will be relied upon in making treatment decisions, a formal consultation and a corresponding report may be more appropriate and safer for the patient.

Sometimes radiologists should document curbside consults. For example, if you’re asked to log in to a patient’s electronic medical record (EMR) for an informal review, you should be aware that the review becomes part of the EMR’s audit trail, and in litigation, audit trails are often requested and produced. You could find yourself involved in litigation for an informal consult that took place so long ago you no

longer have any memory of it. Also be aware that someone else might create an electronic paper trail of an informal consultation. If that happens, it may be wise for you to document the consultation in the form of a letter to the requesting physician or whatever form is most appropriate.

When providing a curbside consult, remember that any communications including confidential patient information must be in compliance with HIPAA and other health-care privacy laws. This applies even in nontraditional communications, such as text messaging or voicemail, as well as unique situations involving requests for consultations regarding mammograms.

ACR Practice Parameter

Radiologists face some unique issues when they are asked to take part in curbside consults. The 2014 American College of Radiology (ACR) Practice Parameter for Communication of Diagnostic Imaging Findings points out that this type of informal communication—also referred to as a “wet reading” or “informal opinion”—carries inherent risks. ACR encourages interpreting physicians to document their informal consults, since the ordering physician’s documentation of the exchange is often the only one created. ACR adds that physicians should consider developing a system for reporting outside studies. While the creation of a system for reporting curbside consults may seem like a daunting task, ACR has published recent case studies (discussed below) that provide more information on this topic.

Secondary Reviews

Consider the radiologist who gives an opinion in a curbside consult and then performs a secondary review of imaging and discovers new or different findings. Any pertinent findings must be documented and communicated in a manner that reaches the provider managing the patient’s care.

What if the provider who ordered the imaging was an emergency physician who has now gone off-shift, and the patient has been sent home? If there’s no EMR program to formalize these consultations and convey information as needed, the reviewing radiologist must document the findings and confirm receipt by the appropriate physician, whether that’s the ordering physician or a primary care provider. When a radiologist undertakes a secondary review, he or she is responsible to convey the findings to the correct person.

In August 2016, ACR published a case study¹ about an EMR program created at the University of Mississippi Medical Center to address requests for radiologists to reinterpret outside studies. Given the ACR’s recommendation to develop a system for reporting outside studies, along with the eConsult case study discussed below, it is clear that the use of EMR programs to address informal consultations in radiology is growing.

eConsult – The Future of Curbside Consults in Radiology?

The advance of technology in almost all aspects of our society is allowing us to improve processes and continually make them more efficient. In June 2017, ACR published a case study, titled “Reinventing Curbside Consults,” that describes the use of technology to formalize these informal meetings through a web-based system called eConsult.² This system creates templates in a hospital’s EMR program that allow primary care providers to ask specialists low-acuity clinical questions, the type typically asked in informal curbside consults.

In 2014, the Centers for Medicare and Medicaid Services (CMS), through the Center for Medicare and Medicaid Innovation (CMMI) Health Care Innovation Award, selected five academic medical centers

that were working with the Association of American Medical Colleges. CMS awarded each of the five medical centers a three-year grant to integrate the eConsult program into their EMRs for the purpose of improving communication and coordination between primary and specialty care, containing costs, and avoiding unnecessary testing.

The original CMS grant provided funds to support implementation of eConsults in up to 15 specialties—12 medical and three surgical—at each center. At first, radiology was not included in the program, but participating physicians at Dartmouth-Hitchcock Medical Center recognized the value radiologists would add. The case study notes that “Radiologists are often part of these informal consultative conversations, fielding such questions as, ‘Does this patient need a chest CT?’ and ‘Does this brain MRI finding require further imaging?’” As one of the participating physicians points out, “It’s in everybody’s best interest for radiologists to answer questions pertaining to imaging.”

Templates built into the EMR by the eConsult program ask basic questions with slight variations for subspecialties to ensure that specialists are given the appropriate data to respond to low-acuity clinical questions. To consult with a radiologist, the provider fills out the template and places an “order” in the patient’s EMR chart for an eConsult with a radiologist. An administrative person monitoring the radiology department’s eConsult in-basket sends the request to the appropriate radiologist via the EMR. The radiologist has 72 hours to respond. If the questions are not answered in 72 hours, the radiologist receives a reminder. If the radiologist feels the questions are too complex or specific to be handled through the eConsult program, he or she can respond by noting that a formal referral is needed. At the end of each eConsult response, the specialist is asked whether or not the consult was appropriate. Any high-acuity consult request would be flagged as inappropriate, and the referring PCP would be notified.

Results of Using an eConsult Program

By formalizing the process, the eConsult program alleviates many of the risks and liability concerns associated with informal curbside consultations. Dartmouth-Hitchcock reports that 86 percent of its PCPs are now using eConsults, and 95 percent of those PCPs report being “very satisfied” with the program. Radiologists have found that responding to eConsult requests can be done quickly and the volume is manageable. Although eConsults are not currently a billable service, neither are traditional curbside consults. However, implementing a program like this requires funding that could take some time to obtain, so meanwhile, the study suggests forming a committee of PCPs and specialists to discuss how to formalize curbside consults at their own hospital. The full text of the case study³ is recommended reading.

Conclusions

- Informal curbside consultations by radiologists can be a valuable tool, but they are not appropriate in every setting.
- Legal responsibility is decided on a case-by-case basis. Two key steps to help mitigate the legal risks are (1) clear communication with the requesting provider and (2) documentation. Logging onto the EMR can have unique consequences.
- If a secondary review results in a new or different interpretation, the consulting radiologist is responsible for ensuring that new or changed findings are documented and communicated appropriately.

- Embracing changes in technology and formalizing curbside consults may help drive better patient care.
- Above all, always acting in the best interest of the patient and taking steps to provide good care will be the best guiding principles.

1. [https://www.acr.org/~media/ACR/Documents/PDF/Economics/Imaging3/CaseStudies/2016/SpecialOrder/Imaging3_SpecialOrder_August2016-\(1\).pdf?la=en](https://www.acr.org/~media/ACR/Documents/PDF/Economics/Imaging3/CaseStudies/2016/SpecialOrder/Imaging3_SpecialOrder_August2016-(1).pdf?la=en)

2. <https://www.acr.org/Advocacy/Economics-Health-Policy/Imaging-3/Case-Studies/IT/Reinventing-Curbside-Consults>

3. <https://www.acr.org/Advocacy/Economics-Health-Policy/Imaging-3/Case-Studies/IT/Reinventing-Curbside-Consults>