Optimizing Obtaining Consensus in Breast Imaging

The Problem
- Traditional peer review is limited by a delay between initial reporting and review.
- Due to the challenge of getting unbiased opinions in a group setting, the current consensus system impacts the learning environment and participation in the peer review process.

Aim/Goal
- To develop a new Real-time Peer Online Review Tool (RePORT) in which cases are submitted by radiologists for contemporaneous review.
- To provide interpreting radiologists with timely feedback.
- Possibility for earlier identification of potential errors.
- To improve the learning environment and enhance participation by providing overall positive, non-punitive environment where group improvement and learning is the goal rather than individual identification and consequence.

The Team
S. Venkataraman MD, J. Phillips MD, RE. Sharpe MD MBA, VM. Dialani MD, S. Prakash MD, VJ. Fein-Zachary MD, PJ. Slanetz MD, CS. Yam, TS. Mehta MD MPH.

The Interventions
- An initial survey was done to assess utility and efficacy of current consensus practice.
- While 100% of survey respondents agreed that having a consensus conference was worthwhile, majority felt that they did not have enough time and unable to provide an unbiased opinion and that the present system was ineffective.
- An online portal was created within our hospital intranet.
- Submitting radiologist voluntarily enters an anonymous summary of his/her evaluation and recommendations.
- An automated system then sends an email notification to all breast imagers to review submitted cases.
- A post intervention survey was done to assess utility and efficacy of new consensus practice.

The Results/Progress to Date

The Real-time Peer Online Review Tool (RePORT) has multiple benefits:
1. Active cases were reviewed allowing for timely management changes.
2. Changes in management were seen in 6/52 cases (11.5%) resulting in 5 fewer procedures.
3. Cases with 2 reviewers or less were less likely to reach consensus suggesting that more reviewers – as RePORT enables - are beneficial to identify deviations in standard of care.
4. Multiple radiologists benefit by reviewing each exam rather than only the single radiologist involved in that case.
5. Independent interpretation limits potential for bias, which could occur in group discussion.
6. Radiologists from all practice sites have the opportunity to participate.

Lessons Learned
The Real-time Peer Online Review Tool:
- Provides ease with which interpreting radiologists can review cases at any time from any place
- Increases the opportunity to get real-time feedback on active cases
- Improved participation due to the anonymity of submissions

Next Steps/What Should Happen Next
- Sustain improvement achieved.
- Look to spread the process to other modalities.
- Review in 1 year.

For more information, contact:
S.Venkataraman, MD. Staff Radiologist, Breast Imaging
svenkata@bidmc.harvard.edu