Developing a Joint Cardiology/Radiology Cardiac Imaging Program
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Disclosures
• Book contract with LWW
• Editor of Seminars in Roentgenology (Elsevier)

Objectives
• Describe the benefits of joint program development
• Describe the components of a cardiac imaging program

What is a Radiologist?

What is a Cardiologist?

Radiologist: Why I’m Better
• Training/experience in cross sectional imaging
• Knowledge of extracardiac anatomy
• Training/experience in safety issues related to radiation exposure and IV contrast
• Ability to fill CT and MR scanners
• No self-referral

Cardiologist: Why I’m Better
• Better understand how heart functions
• In-office, Cardiology-managed imaging streamlines patient care
• Control patient referrals

Benefits of Joint Program
• Broader skills and experience as a group
• Collaborative research
• Robust training for residents, fellows
• Unified voice requesting resources

• Better positioned for long-term viability
• Better patient care?


Collaborative Program Agreements
• Clinical scheduling and revenue sharing
• Role of Cardiologist and Radiologist in image interpretation (including extracardiac findings)
• Included modalities (CT, MR, PET, NM)

• Process for QA (including peer-review)
• Joint research and educational programs
• Joint marketing efforts
• Radiology share information: access to services, availability of technology, satisfaction of referring clinicians
• Cardiologists share information: estimated volume of referrals, interest in training opportunities, and future ventures that include other noninvasive imaging

Brigham and Women’s
• Alliance formed to deliver noninvasive cardiovascular imaging care in 1999
• Dedicated cardiovascular facility

Johns Hopkins
Cardiac MR service jointly managed by Dr. Bluemke, Radiologist, and Dr. Lima, Cardiologist. Supports clinical studies and clinical research.

Temple Heart Center
“Joint collaborative program providing advanced diagnostic cardiac imaging with cardiac CT and MR. Joint acquisition oversight and joint signatures on interpretative reports brings multidisciplinary expertise to the betterment of patient care.”

University of Cincinnati MOU
• Describes “how Radiology and Cardiology will work together to build the cardiac imaging program”
• Scheduling/Interpretation
• Clinical protocols

• Professional fee collection
• Health system support
• Program marketing
• Education and research
• Quality Assurance/Case review
• Signed by Director of Cardiology, Chair of Radiology, and Business Administrators from both departments
Extracardiac Findings

- 13-58% of CCTA exams
- Lymphadenopathy, aortic calcification or aneurysm, vascular anomalies, PE, nodules, hepatic/gastric/renal/breast lesions, spine/joint disease


Peer Review

- Developed by Sangita Kapur, MD and Bob O'Donnell, MD
- Collaborative with IU (Sean Teague, MD)
- Anonymized cases shared
- Information available on NASCI website under “News”

Take-home Points

- Cardiologists can do this alone
- Radiologists can do this alone?
- Cardiologists and Radiologists (and patients?) can benefit from collaborative cardiac imaging programs

Multi-Institutional Cardiac Imaging Quality Improvement Project

- Ever increasing utilization of Cardiac CT & MRI with small number of local cardiac CTs
- Local peer review therefore not possible

Method

- Multi-institution activated peer review
- Images and pertinent testing sent to a cloud based secure server
- Peer review forms filled out
- Education accessed
- Multi-institutional panel for adjudication

Saves

- Robust Peer review process
- Practice improvement
- Creation of a collaborative network
- Intersitutional collaborative opportunities - such as Publication, Projects, creation of educational modules, large database

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UC Dashboard

- Volume (CT, MR)
- CT/Angiography correlation
- Report TAT (<24 hours)
- 3rd available appt. outpt. MR (3d)
- Inpt. appt. (<24 hrs.)
- Physician satisfaction survey
- Patient satisfaction survey
- Peer review (5/quarter)
- NC tracer spills (<5/1000 doses)
- NC/cath case review (4-8/month; 60/year)