



I am a bit worried about the future with artificial intelligence and the idea of a PC reading studies for me. But I will take some help, if I can trust the AI.

TAT: My rant continues

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“He was always in a hurry to get where he was not.”

—Leo Tolstoy, War and Peace

I went off a little on the turnaround time metric last issue. You thought I was done? Ha! You silly humans. I haven’t even gotten started.

Several colleagues and I were discussing things at the RSNA meeting (Can we all agree going forward to forever refer to the RSNA as the “track meeting”? I’m convinced that every session takes place at the opposite end of McCormick Place, and I will now strongly encourage mandatory starting blocks, track shoes, and running silks for all RSNA attendees).

Anyway, the topic of report turnaround-times (TAT—an uncomfortable abbreviation if there ever was one) came up. They were all opining (Wow—that sounds official, doesn’t it?) that the systems are all so maxed out on speed that now, the only element that can be shortened is the time you spend reading a study. They were bemoaning the fact that some element of “speed reading” is now becoming inherent to the process.

I trained in what I can now clearly see was the Golden Era of imaging. Our scanners were just getting faster, the technologies to produce images were improving but not overwhelming, and we had reasonable expectations of the time required to review a study. There was no choke point in the system; films had to be processed. Clinicians were still seeing the patient. Remember when clinicians examined patients? JK.

Okay, fast forward: Scanners are faster. Way faster. Computers are faster. We’re doing more studies. And those studies are now huge. Remember when a head CT fit on a single film? Brain windows on one piece of acetate---and hung on a viewbox, next to another head CT from a few days before? Any other windows took up space on the viewbox and were used only when *absolutely* necessary. A new trauma case, for example.

Now, a routine head CT at my shop consists of over 300 images---and don’t forget those reformats. And different algorithms for post-processing (bone, brain, something called “detail (!),” and whatever else is in fashion this month). Can’t forget those, either. Our PACS is faster than a viewbox, but I still have a few retired colleagues who say nothing in the world was faster than a radiologist and a competent film room staff hanging chest films and dictating by macros. PACS reading in stack mode means the images fly past your eyes. Everything is faster. EXCEPT FOR OUR BRAINS.

I wrote last issue that I read at one speed. I do. It’s the logjam behind me that gets all the attention, however. I am a bit worried about the future with artificial intelligence and the idea of a PC reading studies for me. But I will take some help, *if* I can trust the AI. I’m just not sure I will ever be of the mindset to just ignore part of the study because Otto, my “copilot” (*Airplane*, anyone?), says those particular several-hundred images are normal. You know, “Nothing to see here.”

Turnaround times are a scourge of our era. I hope they disappear.

Keep doing that good work. Mahalo.

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