

“Never confuse movement with action.”

—Ernest Hemingway

Actionable Reports

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A new item we are all talking about, meeting about, doing “projects” on, and perseverating on at a very unhealthy level is this concept of “actionable” elements in reports. You found something, someone needed to do something to further figure it out, you suggested how. We’re told that is part of our job; I think the residents and fellows have been filled to the brim with this concept. There are IT programs now to look at your reports, find “actionable” items, and follow up on them. Dive into the EMR and see if this is being “actioned.”

Okay, everyone gets an opinion. You are going to hear mine.

I do NOT have an issue with radiologists finding things (obviously), occasionally not knowing what those things are, suggesting ways to figure out those things, and signing off on a report, sending it along to the referring clinician and into the EMR. However, I have a real issue with being held responsible if the people I suggest ways to figure things out then choose to totally and utterly ignore me. Some of these programs I have seen literally go as far as to harass the other parties to “act” on your suggestion.

Here’s the deal: In a way, by doing nothing they have “acted” on your suggestion. They chose to ignore it. I get it; perhaps they are busy and just overlooked the suggestion in an expensive study

performed for a patient with a presumably real, legitimate problem. Maybe it was an incidental thing, and they are working on the current issue right now and will get to the incidental thing later. I don’t know. But, do I really contribute to patient care by pestering someone over and over again with my previous suggestion?

When I did some clinical medicine, people would ask for “consults” and the consultant might get a little off track, suggest a mega-workup or millions of tests for something they were concerned about, and occasionally the treating docs would view it all in the context of the patient and the things they knew, and then just say no, maybe laugh it off, thank the consultant for the input, and move along.

We as radiologists can’t seem to take no for an answer. We have an “actionable” item in our report and we want you on it. Today. And we will hassle you until you do.

I think many folks way smarter than me have likely already dove into this and have some answers. I’d like to hear them. Hemingway was on point here, as was often the case. Even if we see movement, maybe that’s not an appropriate action. Responsibility for the action, in my opinion, seems to lie a bit further afield.

Keep doing that good work. Mahalo.