



Radiology Reports in the Age of Smartphones, Part 1 in a Series

By V. Katherine Gray, PhD | March 28, 2011

Just as healthcare professionals were getting comfortable with e-health, there is a new wave coming to our electronic world — mobile. Now there are m-payments, m-banking, and m-wallets. Globally there are [5.3 billion mobile subscribers or 77 percent of the total population](#), including Africa and other developing countries. The smartphone growth from 2009 to 2010 was up 74 percent. All of this means that our communications will increasingly go through mobile devices and mobile broadband.

In particular in healthcare, both providers and patients will increasingly rely on [mobile technology](#) for accessing medical information. This means that security issues and privacy concerns will need to be met for confidential and secure exchange of healthcare data. It is projected that m-health will be a key driver in the future for new mobile apps.

In radiology this presages the American College of Radiology (ACR) [standard of diagnostic reporting of interpretations](#) will certainly change in the age of smartphones. This will impact the regular dissemination of final reports, but more importantly will affect the non-routine communications even more. The desire to send the communication via mobile devices will become the expectation when a finding is urgent, different from previous reports, or when an intervention in treatment is believed to be warranted even if not requiring immediate attention. The speed of connecting and the ability to reach the specific individual desired through mobile devices only makes sense when over 94 percent of the population in the U.S. has mobile devices.

When transmitting diagnostic imaging information using mobile devices, a receipt of communication by the referring physician or patient will be required. As the ACR states, “Therefore, in these instances, the interpreting physician may consider initiating a system that explicitly requests confirmation of receipt of the report by the clinician. If confirmation or other response is not received within a time appropriate to the diagnosis after the initial communication, a staff person should notify the clinician to document follow-up. Regardless of the method selected, it must be in compliance with state and federal law.”

In the near future, expect to see the development of m-health reporting apps that will handle the issues of security, privacy, and documentation of the receipt of the information. In fact, a recent Pew study “found that a full 9 percent of American mobile phone users said they have mobile health apps on their phones that enable them to ‘track’ or ‘manage’ their health.” Others are predicting that by 2015 more than one-third of the smartphone users will be running an m-health app. It is expected that many [m-health apps](#) will be used for tracking chronic conditions and for identification and monitoring

patients. However, don't be surprised if they are also used for reporting results and communicating about treatment options.

Next in the series: Movement in Malpractice Calling for Reporting Directly to Patients

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