

PROFESSION



Knowing how many diagnostic images a patient has had over a lifetime can help physicians and patients weigh risks and benefits before using more radiation imaging, says Boston emergency physician Adam C. Levine, MD. [Photo by Ted Grudzinski / AMA]

Training, EMR tracking can slash risk of radiation overdoses

Delegates support initiatives to better train medical imaging technicians and discourage unnecessary testing.

By KEVIN B. O'REILLY, amednews staff. Posted Nov. 28, 2011.

New Orleans -- The American Medical Association House of Delegates adopted new policies aimed at preventing deadly radiation overdoses and curbing the cumulative lifetime impact of radiation from diagnostic tests such as computed tomography.

Delegates at the November Interim Meeting voted to support education and standards for the medical personnel, usually nonphysicians, who use ionizing and nonionizing radiation to ensure that they know how to avoid over-radiating patients. The AMA also will support raising awareness among patients about medical radiation exposure.

The AMA will encourage the development and use of electronic medical record systems that track the number of imaging procedures a patient has received in inpatient and outpatient settings.

"The American Medical Association has been working toward solutions for reducing medical radiation exposure, and new policy adopted by the AMA promotes the safe use of medical imaging devices and supports proper training for the medical personnel who use them," said AMA Immediate Past President Cecil B. Wilson, MD.

"The AMA encourages the continued development and use of standardized medical record systems to help physicians track the number of imaging procedures a patient has received to help mitigate the potential dangers associated with cumulative radiation exposure," he said.

Knowing such information can help physicians and patients more meaningfully consider the risk-benefit ratio before proceeding with a medical imaging study involving radiation, said Adam C. Levine, MD, a Boston emergency physician and an alternate delegate for the American College of Emergency Physicians.

"The emergency department where I work recently added this exact feature to our EMR, which allows me to click one button and see the total number of abdominal or chest or head CTs that any given patient I am seeing has had," said Dr. Levine, who spoke on behalf of the college as well as the Young Physicians Section in reference committee testimony. "One patient I was working up recently for renal colic had already had 39 prior abdominal CTs, and another sickle cell patient in whom I suspected [pulmonary embolism] had no less than 55 chest CTs. Simply having this knowledge allowed me to adjust my diagnostic plan for both these patients to protect them from further ionizing

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radiation while still leaving the clinical management plan entirely between me and my patient."

More than 60 million CTs are ordered each year, and between 30% and 40% are clinically inappropriate, said research cited by the AMA's Physician Consortium for Performance Improvement. This year, the consortium adopted performance measures to help physicians reduce both CT radiation doses and unnecessary testing.

Delegates also directed the AMA to support campaigns initiated by the American College of Radiology and others. One is Image Wisely, which focuses on reducing radiation doses and eliminating unneeded testing in adult patients. Another is called Image Gently, which targets improvements for pediatric patients.

ADDITIONAL INFORMATION:**Meeting notes: Medical education**

Issue: Medical students and residents need training in disaster medicine and should take part in disaster preparedness and response.

Proposed action: Encourage all medical specialties to develop interdisciplinary and interprofessional training venues and curricula, encourage medical schools and residency programs to use community-based disaster training and drills, educate students and residents about legal and other contexts of disaster response, and work with medical boards to let students do supervised disaster medical work. *[Adopted]*

Issue: Students at about 90% of medical schools have access to electronic medical record systems, but often they are allowed to use them only in a "read-only" fashion. They frequently cannot directly enter information themselves, impeding their medical education in this increasingly electronic era of medicine.

Proposed action: Encourage schools, teaching hospitals and practices participating in clinical education to use health information technology systems that allow students to read and enter data. Support research on how to overcome barriers to appropriate medical student access to EMRs. *[Adopted]*

Issue: The National Resident Matching Program can discipline and ban residency programs from participating in the Match for violating their agreement with the program. But the program does not release any data about violations, which can include failing to abide by match results.

Proposed action: Ask the NRMP to publish deidentified data regarding agreement violations and the disciplinary consequences for residency programs and applicants. *[Adopted]*

WEBLINK

Image Wisely, Joint Task Force on Adult Radiation Protection (www.imagewisely.org)

Image Gently, Alliance for Radiation Safety in Pediatric Imaging (www.pedrad.org/associations/5364/ig)

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