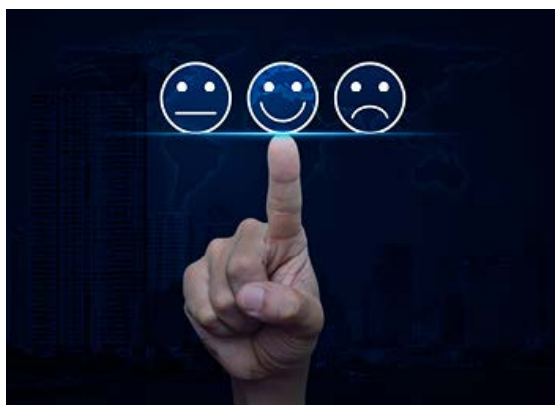


Radiologists and Internet Transparency

Why does your online reputation matter, and what can you do about it?



When Richard Duszak Jr., MD, FACR, professor and vice chair for health policy and practice at Emory University School of Medicine, talks about online reputation to a room full of radiologists, the slide that gets the most attention compares the Google results for him with one of his former private practice “invisible” radiologist colleagues. A leader in both health policy and IR, Duszak has an active Twitter feed and makes frequent presentations at conferences. A Google search brings up his profiles from prominent medical centers, but also awards he has won, articles about his work, and his perspectives on the field. In contrast, the search results for the “invisible” radiologist bring up a couple of third-party online rating sites over which that radiologist has no control.

After Duszak shows that slide, he says, everyone in the room pulls out their phones to Google themselves. That’s exactly what he wants. He advises radiologists to look up their own names online — and maybe search a few of their own colleagues at the same time, for comparison.

There’s a good chance that their patients are also looking up their names or their practice’s name. Just as most people will check online reviews before heading to a new restaurant, many patients also check reviews before choosing a doctor. A survey showed that nearly 59 percent of respondents thought that physician rating sites were somewhat or very important when choosing a physician.¹ Some surveys put the numbers even higher.

That’s not all bad. Checking online ratings may be a sign of increased patient engagement, Duszak observes, which studies show bodes well for health outcomes and care experiences.

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Online reviews may also contain useful information for physicians and practices, says Andrew B. Rosenkrantz, MD, MPA, professor of radiology at NYU Langone Health. Payers are increasingly using patient satisfaction scores in value-based payment systems — although none are currently using commercial reviews on HealthGrades or ZocDoc. Online reviews — which often offer the opportunity for free text feedback — may offer a valuable window into what it’s like to be a patient in that practice and what aspects of the practice may need improvement.

Radiology presents some different challenges from other specialties when it comes to physician ratings and online reputations, says Rosenkrantz. His team at NYU conducted an analysis of more than 1,000 Yelp reviews of radiology outpatient centers. Only 13.5 percent of the patient reviews mentioned the radiologists themselves. Reviews were much more likely to focus on the professionalism of the staff, facility wait times, and equipment.²

According to Duszak, this might indicate a missed opportunity. “Radiologists get rated less frequently than other specialists who have more face-to-face time with patients. But, when we do get rated, we score better than the average doctor,” he says.

So how can radiologists improve their online reputation? Duszak and Rosenkrantz offer the following advice:

Take a whole-practice approach. The key to positive ratings is the total package of the radiology practice — the patient experience from the moment they contact the office to the time they receive their report. That includes interactions with staff, parking, and wait times. Rosenkrantz recommends thinking about the patient experience from beginning to end and adjusting policy or providing staff training to improve that experience. Online reviews are one source of information about patient experience; in-house patient satisfaction surveys and other patient feedback can offer additional insights.

Let patients see you. Radiologists are increasingly encouraged to interact with patients when they can, introducing themselves or meeting to explain findings. While not always possible, this can improve the patient experience and, therefore, online reviews. Without this interaction, Duszak points out that the first time a patient notices the radiologist’s name may be on a bill — not always the best introduction.

Monitor what’s out there. Third-party sites pull information from publicly available sources, which can be out of date or just plain wrong. Most sites will give physicians the opportunity to correct or add information. Although it can be difficult to keep up with all the sites out there, Duszak recommends radiologists at least fill out a profile on Doximity, which supplies information for the *U.S. News and World Report* physician directory.

Address comments carefully. Negative reviews happen, and these public posts remain online with a wide audience. Practices need to be careful not to violate patient confidentiality and HIPAA provisions, but, Rosenkrantz says, “that’s not a reason not to respond in a professional and sensitive fashion to show you take concerns seriously. That can have value.”

Take control of the narrative. Most people don’t look beyond page one of an Internet search. “You’ve got to make sure the stuff you want shows up first,” Duszak says. Both Rosenkrantz and Duszak recommend that interested radiologists write a blog, use social media, or make themselves available for interviews to increase their Internet footprint. An online presence can also turn into opportunities to lecture, write, or collaborate on research — which can further

boost search results.

These measures can help increase the visibility of radiologists both in person and online — which may add up to not only more reviews and better ratings, but also greater patient engagement overall. “Invisibility is the radiologist’s fast track to commoditization,” says Duszak. “Engaging in a more active role with our patients is something radiologists should all aspire to so that we don’t become a faceless commodity.”

By Emily Paulsen, freelance writer, ACR Press

ENDNOTES

1. Hanauer DA, Kheng K, Singer DC, et al. Public Awareness, Perception, and Use of Online Physician Sites. *J Am Med Assoc.* 2014;311(7):734–735. Available at bit.ly/Online_PhysSites.
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