Introduction

Routine radiologic and imaging studies may have unexpected findings which pose workflow and patient management challenges for referring physicians. Although regularly scheduled meetings for patient review is an option, just in time, virtual approaches to comprehensively and interactively address patient management decisions can readily, efficiently and effectively be implemented using web-based, geographically agnostic virtual meeting platforms.

Learning Objective 1

Web-based virtual meeting platform technologies allow for real-time, interactive, audio-visual information sharing and imaging study review to address challenging clinical cases for referring physicians.

Learning Objective 2

Implementation of on-demand virtual presence radiology consultation reduces the burden for all and enable rapid implementation of patient-specific care and follow-up strategies.

Learning Objective 3

Virtual meeting-based consultation enables patient-specific disease attributes and relevant symptoms to be readily shared in a highly engaging, effective and more interactive communication between referring physician and the radiologist and fosters bi-directional information flow leading to more personalized patient management.

Conclusions

The current ability of web-based virtual meeting platform technologies to present, review and share imaging data in real-time and in a geographically agnostic manner is essential for patient-centric consultation and effective bi-directional communication between the radiologist and referring physician/treatment team. Virtual meeting platform technologies are also being effectively used by the Imaging and Radiation Oncology Core (IROC) in support of multicenter clinical trials within the NCI National Clinical Trials Network.

References


Acknowledgments

This project was supported by Ohio Third Frontier (TECH 09-028, TECH 10-012, TECH 13-060), NCI 1U24CA180803 - Imaging and Radiation Oncology Core (IROC) Group, and the Wright Center of Innovation in Biomedical Imaging Development Fund.