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Appropriate diagnostic imaging - assessment of the quality of referrals from general practice

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Background and Aim: Diagnostic imaging is the second most used paraclinical examination in Denmark, and radiology accounts for 15% of all referrals from general practice. The fast development in diagnostic imaging poses a challenge for general practitioners when determining the right type of radiological examination for the right patient. Therefore, this study aimed to assess the quality and radiological relevance of referrals from general practice. **Method:** During an 8-week period radiologists reviewed randomly sampled referrals from general practice to different modalities: X-ray, ultrasound, CT and MRI scanning. The reviews were conducted according to a pre-designed registration chart. Themes for the chart were: Relevance of referral and chosen modality, exhaustiveness and relevance of referral information, and possible suggestions for a more relevant modality.

Results: Four regional radiological departments participated in the study. A total of 785 referrals were reviewed. Most reviews were conducted on x-ray referrals (35%). Diagnostic imaging was considered relevant or very relevant in 73.5% of the reviewed referrals, of which referrals to CT scanning was the most relevant (87%). Overall, referral information was relevant in 80% of the cases, and most relevant in referrals to x-ray (87%). In 9.5% of referrals the chosen modality was not the optimal one, which was most pronounced for ultrasound referrals (13%). Referral information was most insufficient regarding MRI, where 56.4% of information was described as less insufficient/insufficient. It was a frequent observation that there was too much irrelevant information, which was ascribed to general practitioners using copy-paste from their records.

Conclusion: A majority of referrals from general practice to diagnostic imaging were considered relevant from a radiological perspective. However, there seems to be a potential for development regarding the exhaustiveness of information and modality relevance, particularly for referrals to MRI and ultrasound scanning.