



Authentic4D™

Make better decisions confidently

NEWSLETTER

If you are familiar with A4D's image review process, you know the crux of the claim regarding the imaging report is this: Do our fellowship trained sub-specialized radiologists agree or disagree with the original radiologist's read?

Firstly, it's important to remember that in many studies, fellowship trained radiologists outperform general radiologists. In fact, one study showed that 26.2% of 2,326 musculoskeletal exam reads were found to have clinically significant discrepancies in the findings between a general and fellowship trained sub-specialized radiologist¹.

But what does that mean for a claim and how often does it happen?

An agree from A4D makes the path of the claim simple. You can move forward knowing that the radiology report you have in hand will help decide the fate of the claim whether that be a timely pay out for an acutely injured patient or knowing when to hold your ground in litigation. You can also be assured that the patient likely received the medical care they needed based on the original imaging and report. A disagree from our fellowship trained radiologists can point to a few different scenarios:

1. What was described as an acute finding originally was read as chronic by an A4D radiologist.

The impact: You can confidently dispute the claim and contribute to large bottom line cost savings with minimal initial investment.

2. An originally described severe pathology, such as a disc protrusion, was determined to be mild in nature by an A4D fellowship trained radiologist.

The impact: Patient prognosis may change for the better, an unnecessary surgery may be avoided, and both improved risk management and patient care result.

3. The opposite can also be true where an A4D radiologist may determine something is actually more severe or is acute when it was downplayed in the original radiology report.

The impact: The patient gets the standard of care they deserve and those handling the claims have actionable, clinically correct information to rely on to close claims faster.

At A4D, our fellowship trained, sub-specialized radiologists disagree with the original read 43% of the time which isn't too far off from what has been found in clinical studies regarding the rate of discrepancy between general radiologists and sub-specialized radiologists. In one study, disagreement rates between sub-specialized reads and non-sub-specialized reads are reported to be as high as 37.9% and have been found to affect treatment in 24.8% of cases.² More on fellowship trained subspecialized radiologists can be [found on our site](#).

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1. Chalian M, Del Grande F, Thakkar RS, Jalali SF, Chhabra A, Carrino JA. Second-opinion subspecialty consultations in musculoskeletal radiology. *AJR AM J Roentgenol.* 2016;206(6):1217-1221.

2. Alves I, Cunha TM. Clinical importance of second-opinion interpretations by radiologists specializing in gynecologic oncology at a tertiary cancer center: magnetic resonance imaging for endometrial cancer staging. *Radiol Bras.* 2018;51(1)26-31.

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