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Working from Home: Brave New World, or Best Forgotten?

The long-lasting coronavirus disease 2019 (COVID-19) pandemic has dislocated much of our social fabric and economic foundations. The coincidence of the pandemic with remarkable advances in communications technology has propelled working from home, once considered counterproductive to employee efficiency and discipline, to the new normal for millions of Americans, both in the public and private sectors, extending a mantle of acceptability through telemedicine to the previously unthinkable domain of the doctor-patient visit. Many radiology subspecialties are suited to remote work; however, as is true of any new process, its feasibility and efficiency need to be validated. The authors of this article[1] have reviewed some of the more easily quantifiable performance metrics of radiologists working from home through teleradiology, compared with the traditional in-hospital setting (turnaround time [TAT], volume of studies, and error rates) and have found no "consistent operational impact" of working from home on these parameters.

Teleradiology is not a new concept. However, until COVID-19 changed the landscape, teleradiology was used only to provide services during night shifts, either by the on-call radiologist or by an impersonal teleradiology service, raising the specter of commoditization of radiology. However, during the pandemic, reading from home was extended to the routine workday and was found to have many new advantages, translating into reduced exposure to COVID-19 infection and ensuring workforce flexibility and continuity in asymptomatic and mildly symptomatic cases. As we worked from home, other conveniences became evident—particularly saving commuting time, which, in some high-traffic urban and suburban areas, can be substantial.

As we anticipate the end of the pandemic and re-imagine our new workspace, it is important to keep in mind data such as in this article that indicate that working from home is possible without loss of productivity, as measured in the number of studies interpreted and TAT. However, it is also very important to realize that such productivity, as important as it is, is but a fraction of what we do for our patients and in support of our referring colleagues. Radiologists are not machines, and what we do should not be solely measured in "productivity." It should be measured in the guidance that we give our clinicians, the assistance we provide in the care of the patients, and the respect they give to our reports and to us. It is also measured in our accessibility because we are an essential part of patient care. As elaborated in this article, many people argue that reading from home markedly decreases "interruptions." Indeed, there are worthless interruptions, which should not exist in the hospital or at home such as answering phone calls directed to another radiologist or questions better answered by someone else. However, there are essential "interruptions," when our referring colleagues need to speak to us to clarify a report or ask which would be the best follow-up examination. Radiologists who shun these as "interruptions" divorce themselves from what makes our professional life special.

Furthermore, in many places, salary is commensurate or at least influenced by relative value units (RVUs), which can be increased if all interruptions are stopped. Who will then be penalized for working in the hospital and taking those phone calls or receiving the teams from the floors who want to review imaging studies on their patients?

If our work product becomes reduced to reports and TAT, we become but a commodity, and we embrace this at our peril. It might be but a matter of time before the price wars begin, with some offering the reads at one-half, one-third, or one-tenth of the price. It will be all the same, a report from a radiologist whom no one knows versus another whom no one has met.

The authors of this article measured distinct and quantifiable information, but the article does not include information regarding the thoughts of their referring colleagues who were in the hospital sending their patients for imaging studies or the feelings of the technologist in the hospital acquiring the images while the radiologists were sitting comfortably at home "without interruptions."

Last but certainly not the least, working at home also requires surrender of some part of our family lives. When home and business merge in one place, it is more difficult to separate family life from work life. Furthermore, who is to watch for the Health Insurance Portability and Accountability Act (HIPAA) violations that can quickly happen at home, with children and possibly guests or workers walking into rooms with private health information? Who will monitor whether HIPAA confidentiality is maintained, and what type of "punishment" will be allotted to the person who was not careful enough to prevent a privacy breach?

The work by these authors (Sher et al[1]) is important in validating the efficiency of working from home, and we agree with the authors that a hybrid model is necessary to allow temporary work from home when someone is unable to leave the house due to need to quarantine, sick family member, or temporary inability to travel. This allows maintenance of the work force as well as retention and recruitment. However, we would argue that the relationships and interactions with our referring colleagues, with our technologists, and with our patients are a vital and integral part of who we are and must remain at the core of what we do.

REFERENCE

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