Since the start of the coronavirus disease 2019 (COVID-19) pandemic, it has been a prolonged, difficult time for everyone in health care, including radiologists. We have all adjusted to a new working normal that is anything but normal. Combined stresses at work and at home have left all of us confronting the real effects of emotional and physical exhaustion and professional burnout [1]. In parallel, racial and social inequities have been sharply exposed and exacerbated. Finding evidence of positive change in the midst of these complex times is not an easy feat. In this month’s issue of JACR, we highlight inspiring new ideas and paradigms in our ever-changing radiology landscape that suggest that our field will emerge from these trying times even better than before.

Recent events have awakened our social conscience and led to calls for radiology to better address social equity. With regard to the patients we serve, we need to ensure that we are providing high-quality care to all individuals in an equitable manner. Lawson et al [2] provide a practical conceptual framework for the radiology community as we start to tackle imaging-related health disparities. They argue for a multilevel approach, requiring radiology health services researchers to start thinking beyond the data we have on hand in our imaging practices and account for multilevel social determinants of health. Wang et al [3] provide an example of this approach in their examination of equity in ischemic stroke care at their comprehensive stroke center, studying specialized care disparities while accounting for multilevel individual and health care factors.

The future of radiology will certainly see advances in both precision medicine and individualized, patient-centered care. For diagnostic imaging, this will require future synergies with other emerging diagnostic tools. Petranovic et al [4] explore the integration of imaging with liquid biopsies and the potential impact on cancer screening and diagnosis. Another novel paradigm for individualized care is synchronous point-of-care virtual visits between patients and radiologists. Panagides et al [5] report their results from a cluster-randomized study suggesting that virtual radiology consultations can advance the value of radiology in primary care settings by providing personalized care and promoting risk factor reduction in patient-centered practice models.

To meet the growing demand for personalized, high-value care, innovative informatics solutions are increasingly available to enhance our workflow and efficiency. Yee et al [6] suggest that business intelligence software can help us visualize large imaging data sets in a fashion that provides useful, actionable information. They describe their experience with business intelligence software to examine 10 years of data from their large abdominal imaging section to draw important conclusions about practice workflow. Clinical decision support has been shown to decrease inappropriate imaging ordering among referring providers, but resistance to its use persists. Bruno et al [7] detail their mixed-methods study to identify drivers of resistance to clinical decision support adoption among clinicians and call for improved educational outreach by the radiology community to alleviate clinician discomfort with diagnostic uncertainty. The growing popularity of electronic patient portals has improved patients’ access to their medical records, and as a result, there is a need for patient-centered radiology reporting. Kemp et al [8] demonstrate that commercially available software can make patient-centered interactive radiology reports readily available, improving patient comprehension and the patient experience.

To meet our shared goals of greater diversity and equity in the radiology workforce, we need to inspire diverse young scholars to join our community and support the career advancement of women and minorities within the field. Sieck et al [9] believe that we need to prime the pipeline as early as elementary school. They describe important opportunities...
for exposing youth to the radiologic sciences through programs like the ACR’s Pipeline Initiative for Enrollment of Radiology scholars program. To ensure equitable access to career advancement for women and minorities in radiology, intentional programs are needed at all career stages. Tomblinson et al [10] examined the 5-year impact of a structured women in radiology program at their institution and report significant gains in women faculty members’ satisfaction with their professional advancement as well as a positive departmental culture shift to better support the needs of women in radiology.

Finally, this special issue includes three thought-provoking leadership opinion pieces on how radiologists can emerge from this trying period in a better state than before COVID-19. Kwee and Kwee [11] suggest that the pandemic has provided an opportunity to enact a new working paradigm by leveraging current modern technology to provide radiologists with more autonomy and flexibility and, in turn, improve morale, reduce burnout, and enhance our performance. Jha [12] suggests that we leverage artificial intelligence to move away from reductionism and churning out relative value units and, instead, focus on becoming the valued doctor’s doctors of the past. Finally, Dodelzon and Katzen [13] reflect on the importance of the “soft skills” in radiology training for radiologists to benefit both professionally and economically in the emerging era of personalized medicine.

We hope that these diverse perspectives and original articles will inspire you. We believe that there are bright days ahead for our field, and we hope to push these important initiatives forward in the post-COVID-19 world.

REFERENCES