

Introduction

Thank you for responding to the “Closing the Results Follow-up Loop” Stakeholder Survey. Your responses will help a team of experts learn more about patients’ preferences when learning about an “unexpected finding” found on their imaging exam (e.g., an x-ray, CT scan, or MRI exam). Doctors and other healthcare professionals call these unexpected findings, “incidental findings.”

An incidental finding is something a radiologist sees when reviewing an imaging exam that has nothing to do with the reason the exam was ordered. Incidental findings are common, and they may not be serious. However, a radiologist may report that an incidental finding is something to keep an eye on or something that requires immediate attention.

Experts want to understand how best to improve communication for you and your healthcare team so that patients receive recommended follow-up care regarding their incidental findings.

[Learn more about the project your opinions will support >>](#)

Note About the Survey Document

This Closing the Loop Stakeholder Survey includes questions for two stakeholder groups: patients and for their caregivers.

The survey results for these two groups were not reported separately because of the limited caregiver responses -- five in total.

* During the past 12 months, did you have an imaging exam or test, for example, a mammogram, MRI or CT scan?

- ☐ Yes
- ☐ No
- ☐ Unsure

* Which of the following includes your age?

- ☐ Under 21
- ☐ 21 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 - 64
- ☐ 65 or older
- ☐ Prefer not to answer

*** For what part of your body was your most recent imaging exam or test? (Select all that apply)**

- ☐ Head or neck
- ☐ Chest
- ☐ Breast
- ☐ Stomach/upper or lower abdomen, colon
- ☐ Extremities (e.g., arm, wrist, hand, leg, knee, ankle, feet)
- ☐ Not sure
- ☐ Other (please specify)

*** Which imaging equipment was used during your most recent imaging exam or test?**

- ☐ Computed Tomography, known as CT
- ☐ Magnetic Resonance Imaging, known as MR or MRI
- ☐ Mammography
- ☐ Ultrasound
- ☐ X-ray
- ☐ Don't know/not sure
- ☐ Other (please specify)

* How would you rate your most recent imaging experience overall?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unsure

* How would you evaluate the importance of the following items during your most recent imaging exam/test?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
The quality of my imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing completely what my imaging procedure would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from my imaging procedure provided to me in a timely fashion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from my imaging procedure being clear and understandable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The radiologist speaking with me to provide a clear understanding of my results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My primary care physician/clinician able to develop a health or care plan due to the results of my imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The radiologist acting as part of my health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* How would you rate the following items for your most recent imaging experience?

	Exceeded My Expectations	Met My Expectations	Did Not Meet My Expectations
The quality of my imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing completely what my imaging procedure would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from my imaging procedure provided to me in a timely fashion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from my imaging procedure being clear and understandable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Did you receive results from your recent imaging experience?

☐

Yes

☐

No

☐

Unsure

* You indicated that you received results from your recent imaging exam/test. How did you receive those results?

- ☐ Phone call
- ☐ Phone - left message
- ☐ In-person meeting
- ☐ Mail
- ☐ Email
- ☐ Text
- ☐ In my patient portal (website)
- ☐ A combination of the above
- ☐ Unsure

* What is your **preferred** way of receiving test and other health-related results?

- ☐ Phone call
- ☐ Phone - left message
- ☐ In-person meeting
- ☐ Mail
- ☐ Email
- ☐ Text
- ☐ In my patient portal (website)
- ☐ A combination of the above
- ☐ Unsure
- ☐ Other (please specify)

*** Who contacted you with those imaging exam/test results?**

- ☐ My primary care professional (PCP)
- ☐ The radiologist who interpreted (reviewed) my imaging exam/test
- ☐ Another professional associated with my PCP and/or my care team
- ☐ Unsure
- ☐ Other (please specify)

* Below are several statements. For each, please indicate how much you agree or disagree based upon your most recent imaging exam experience.

	Completely Agree	Somewhat Agree	Neutral	Somewhat Disagree	Completely Disagree
The results of my imaging exam/test were made clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood if an additional follow-up imaging test or procedure was recommended as a result of the imaging exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood what my next steps would be as a result of my imaging exam/test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood what my doctor's or my medical team's next steps would be as a result of my imaging exam/test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All of my imaging exam/test findings were discussed with me, including any unexpected findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always follow my doctor's recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very proactive in becoming and staying healthy. I am involved with all decisions about my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I don't understand something in my health/medical record, I ask questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more likely to do my own research on a health topic before I ask questions of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* If a follow-up imaging exam/test or other procedure is recommended for you, when ideally would you like to be informed about the follow-up recommendation?

- ☐ As soon as the report with the recommendation is available
- ☐ During my next encounter with my doctor
- ☐ When my doctor fails to take action within an expected time period
- ☐ When I fail to complete the recommended follow-up care
- ☐ Never
- ☐ Other (please specify)

* You read in your radiology report that a follow-up imaging exam/test is recommended, but your primary care professional's office does not contact you about this. Given this situation, how likely are you to take the below actions?

	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely
Contact my doctor's/primary care professional's office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact the radiologist or imaging facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do my own research before taking any action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us what you think would be the best way to make sure that patients with incidental findings requiring follow-up imaging or tests actually receive follow-up care. Give us the fullest description you can.

* During the past 12 months, have you accompanied or been responsible for a relative or friend/neighbor who had an imaging exam or test?

- ☐ Yes
- ☐ No
- ☐ Unsure

* Which of the following best reflects the age of the family member or friend/neighbor for whom you were responsible at his/her most recent imaging exam?

- ☐ Under 10
- ☐ 11 - 20
- ☐ 21 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 - 64
- ☐ 65 or older
- ☐ Prefer not to answer

* For what part of the body was your relative's or friend's/neighbor's most recent imaging exam or test? (Select all that apply)

- ☐ Head or neck
- ☐ Chest
- ☐ Breast
- ☐ Stomach/upper or lower abdomen, colon
- ☐ Extremities (e.g., arm, wrist, hand, leg, knee, ankle, feet)
- ☐ Not sure
- ☐ Other (please specify)

* Which of the following type of imaging equipment was used during your relative's or friend's/neighbor's most recent imaging exam/test?

- ☐ Computed Tomography, known as CT
- ☐ Magnetic Resonance Imaging, known as MR or MRI
- ☐ Mammography
- ☐ Ultrasound
- ☐ X-ray
- ☐ Don't know/not sure
- ☐ Other (please specify)

* Which of the following was true for the scheduling of your relative's or friend's/neighbor's most recent imaging exam/test?

- ☐ I did **not** need an order or prescription from my relative's or friend's/neighbor's doctor to make the imaging appointment
- ☐ I **needed** an order/prescription from my relative's or friend's/neighbor's doctor in order to make the imaging appointment
- ☐ Unsure

* How would you rate your relative's or friend's/neighbor's most recent imaging experience overall?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Unsure

* How important are each of the following items of your relative's or friend's/neighbor's most recent imaging experience?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
The quality of my imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing completely what his/her imaging procedure would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from his/her imaging procedure provided to me in a timely fashion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from his/her imaging procedure being clear and understandable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The radiologist providing me with a clear picture of his/her results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her primary care physician/clinician able to develop a health or care plan due to the results of his/her imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* How would you rate the following items for your relative's or friend's/neighbor's most recent imaging experience?

	Exceeded My Expectations	Met My Expectations	Did Not Meet My Expectations
The quality of my imaging procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing completely what his/her imaging procedure would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from his/her imaging procedure provided to me in a timely fashion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The report from his/her imaging procedure being clear and understandable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Did you receive results from your relative's or friend's/neighbor's recent imaging experience?

☐ Yes

☐ No

☐ Unsure

* You indicated that you received results from your relative's or friend's/neighbor's recent imaging exam/test.
How did you receive those results?

- ☐ Phone call
- ☐ Phone - left message
- ☐ In-person meeting
- ☐ Mail
- ☐ Email
- ☐ Text
- ☐ In the patient's portal (website)
- ☐ A combination of the above
- ☐ Unsure

* How would you **prefer** to receive those results?

- ☐ Phone call
- ☐ Phone - left message
- ☐ In-person meeting
- ☐ Mail
- ☐ Email
- ☐ Text
- ☐ In the patient's portal (website)
- ☐ A combination of the above
- ☐ Unsure
- ☐ Other (please specify)

*** Who contacted you with those imaging exam/test results?**

- ☐ My relative's or friend's/neighbor's primary care professional (PCP)
- ☐ The radiologist who interpreted my relative's or friend's/neighbor's imaging exam
- ☐ Another professional associated with my relative's or friend's/neighbor's PCP and/or care team
- ☐ Unsure
- ☐ Other (please specify)

* Below are several statements. For each, please indicate how much you agree or disagree based upon your relative's or friend's/neighbor's most recent imaging exam/test experience.

	Completely Agree	Somewhat Agree	Neutral	Somewhat Disagree	Completely Disagree
The results of my relative's or friend's/neighbor's imaging exam/test were made clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood if an additional follow-up imaging exam/test was recommended.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood what my relative's or friend's/neighbor's next steps would as a result of his/her imaging exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understood what my relative's or friend's/neighbor's doctor's or medical team's next steps would be as a result of his/her imaging exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All of my relative's or friend's/neighbor's imaging exam findings were discussed with me, including any unexpected findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relative or friend/neighbor always follows his/her doctor's recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relative or friend/neighbor is proactive in becoming and staying healthy. He/She is involved with all health decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my relative or friend/neighbor doesn't understand something in the health/medical record, he/she asks questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completely Agree Somewhat Agree Neutral Somewhat Disagree Completely Disagree

My relative or friend/neighbor is more likely to do research on a health topic before asking questions of others.

☐☐☐☐☐

* You read in your relative's or friend's/neighbor's radiology report that a follow-up imaging exam/test is recommended, but the clinician's office does not contact you, (or your relative, friend/neighbor) about this. Given the situation, how likely would you do the following?

	Very Likely	Somewhat Likely	Not Very Likely	Not At All Likely
Contact my relative's or friend's/neighbor's doctor's/primary care professional's office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact the radiologist or imaging facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do my own research before taking any action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* If follow-up imaging or testing is recommended for your relative or friend/neighbor, when ideally would you like to be informed that a follow-up imaging exam/test is recommended?

- ☐ As soon as the report with the recommendation is available
- ☐ During my next encounter with my relative's or friend's/neighbor's doctor
- ☐ When my relative's or friend's/neighbor's doctor fails to take action within an expected time period
- ☐ When my relative or friend/neighbor fails to complete the recommended follow-up care
- ☐ Never
- ☐ Other (please specify)

Please tell us what you think would be the best way to make sure that patients with incidental findings requiring follow-up actually receive follow-up care. Give us the fullest description you can.

Lastly, just a few questions for classification purposes only

Are you....?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to answer

* What is the highest level of education you have completed?

- ☐ Did not attend school
- ☐ Some high school
- ☐ High school diploma or equivalent (e.g., GED)
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree (BA, BS)
- ☐ Post Graduate Degree (MBA, MA, MS, JD, MD, DDS, DVM, PhD)
- ☐ Prefer not to answer

* What best describes your marital status?

- ☐ Married, civil union
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Prefer not to answer

In what state or U.S. territory do you live?

* Would you describe your location as Urban, suburban, or rural?

- ☐ Urban (city)
- ☐ Suburban (outside of or near a city)
- ☐ Rural (sparsely populated towns and locations)
- ☐ Unsure / Prefer not to answer

* What is your racial background/ethnicity?

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Combination
- ☐ Other race
- ☐ Prefer not to answer

* Which of the ranges below includes your household income in 2019?

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$149,999
- ☐ Between \$150,000 and \$174,999
- ☐ Between \$175,000 and \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer

* What best describes your employment status?

- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work due to health reasons
- ☐ Unemployed
- ☐ Other
- ☐ Prefer not to answer

* Which of the following best describes your health insurance coverage?

- ☐ Insurance through a current or former employer or union
- ☐ Insurance purchased through a marketplace, such as a state or government insurance exchange (e.g., ACA)
- ☐ Insurance purchased directly from an insurance company
- ☐ Medicare, for people aged 65 and older, or for people with disabilities
- ☐ Medicaid, Medical Assistance, or government assistance for people with low incomes or disabilities
- ☐ TRICARE or other military healthcare
- ☐ VA (Veteran's Affairs)
- ☐ Indian Health Service
- ☐ Not sure
- ☐ Other (please specify)

Would you be willing to share your thoughts, ideas, or preferences about the follow up imaging recommendations? It is not certain further information will be needed. However, the experts working on this project may find it helpful to ask a few patients some more detailed questions.

All information from the survey and any follow up conversation would be confidential.

- ☐ Yes
- ☐ No
- ☐ Maybe



If you would consider sharing your thoughts, ideas or preferences about follow up imaging recommendations, please provide your name and email address.