

Moore Foundation Closing the Loop Stakeholder Survey Other Healthcare Professionals

N= 128 Support Staff

Conducted Q2, 2020
July, 2020

Survey Purpose

- Supplemental first-hand input from a broader set of stakeholders
- Augment TEP expertise and evidence found in the literature
 - Successes
 - Lessons learned
 - Pain points

Survey Goals: Healthcare Professionals

- Obtain insight about:
 - The state of radiology-recommendation follow-up in practice
 - Radiology's use of evidence-based guidelines in guiding follow-up
 - Other clinicians' use of evidence-based guidelines in guiding follow-up
 - Tracking adherence to radiology recommendations
 - Respondents' demographic information

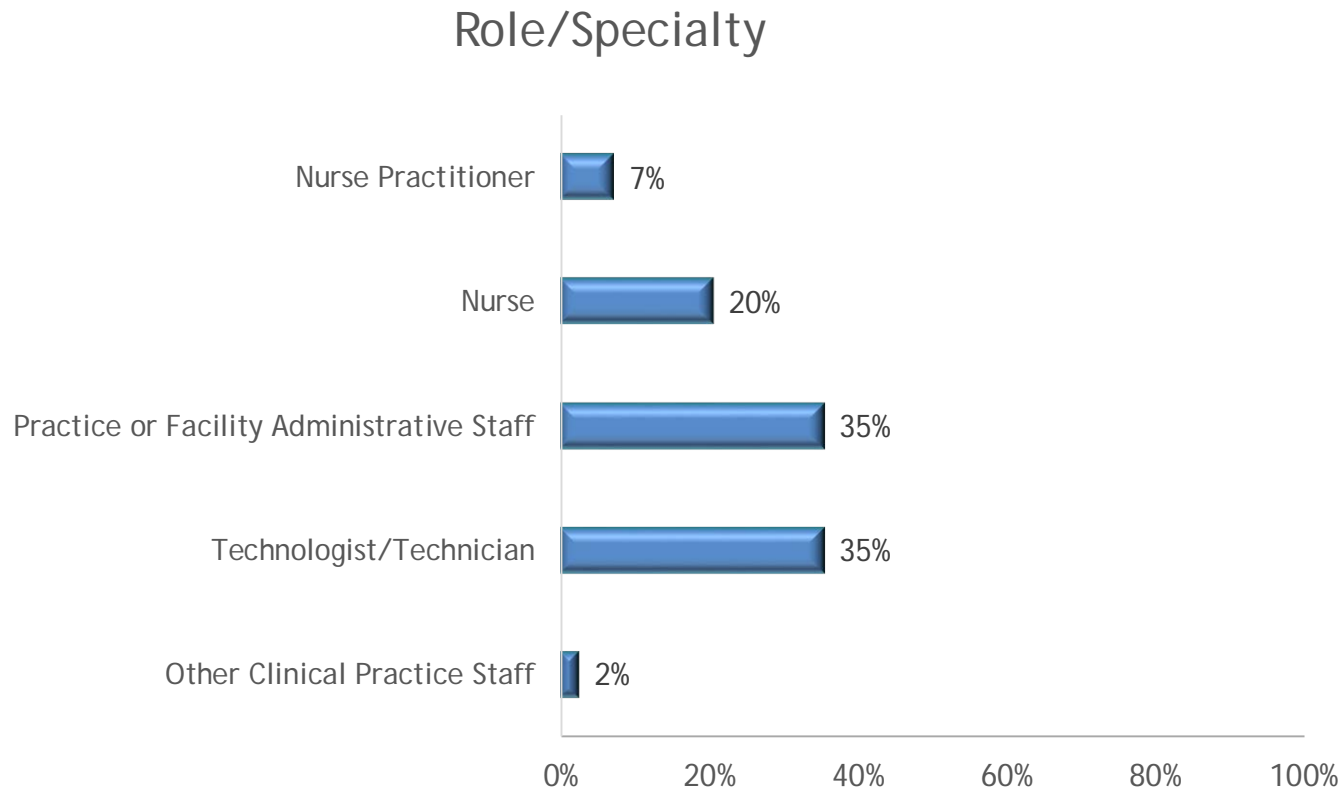
Survey Methodology

- Draft surveys developed by co-chairs and ACR staff
- Surveys distributed to TEP for input
- TEP comments / suggestions integrated into surveys
- Survey questions refined for two surveys / four survey tracks by ACR staff member with survey dev. expertise:
 - Patients/Caregivers
 - Radiologist/Referring Providers/Administrators
- Surveys distributed through multiple channels
 - ACR communications to membership
 - Outreach to medical societies and healthcare organizations, e.g., Council of Medical Specialty Societies, American Hospital Radiology Association, Society to Improve Diagnosis in Medicine
- Survey results summary provided ACR staff expert

Findings

Role/Specialty

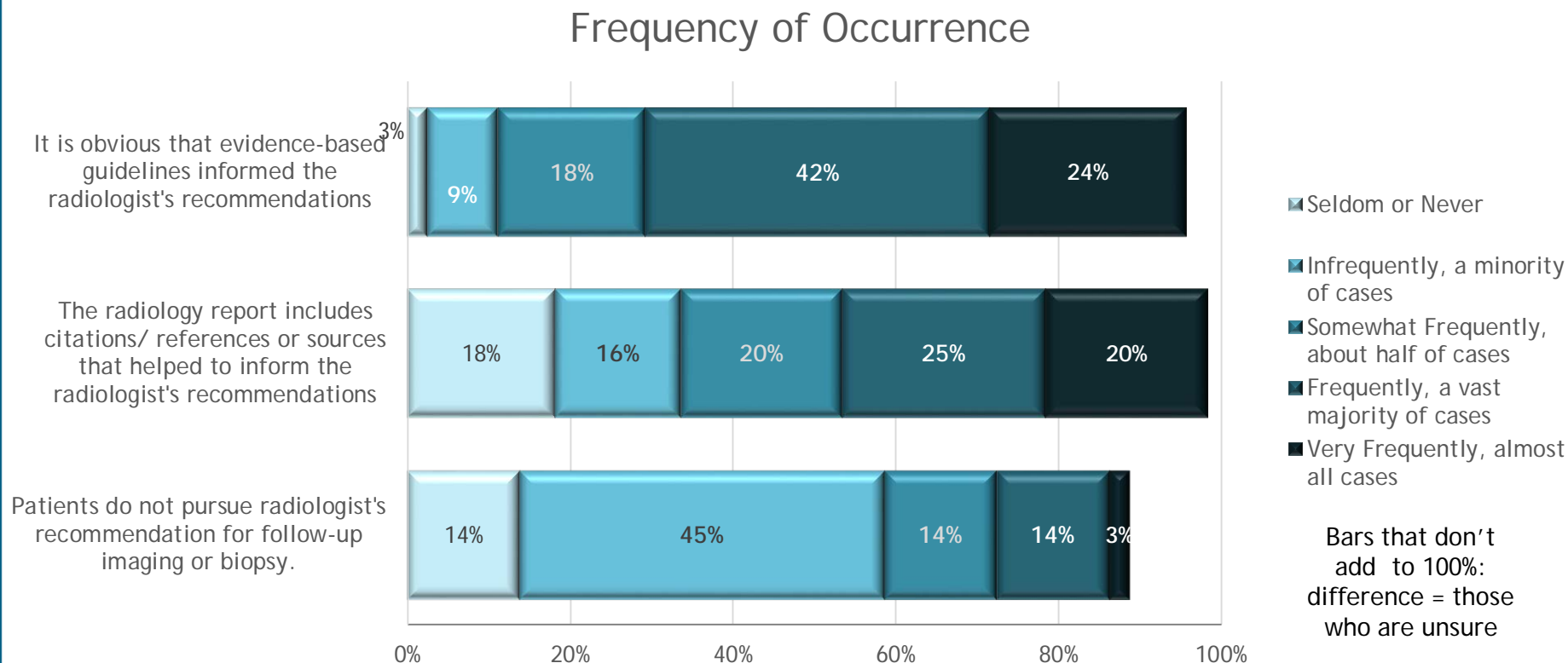
- One-third of the sample identified themselves as *practice/administrative staff* and as *technologist/technician*



Questions: Which of the following best describes your role (whether you are currently employed or retired)? Base: 128

Frequency of occurrence of guidelines, radiology report references, lack of patient follow-up to recommendations

- Support staff are likely to say that “evidence -based guidelines informed the radiologist’s recommendations” occurred very frequently, followed by “radiology report includes citations/references that helped to inform the recommendations

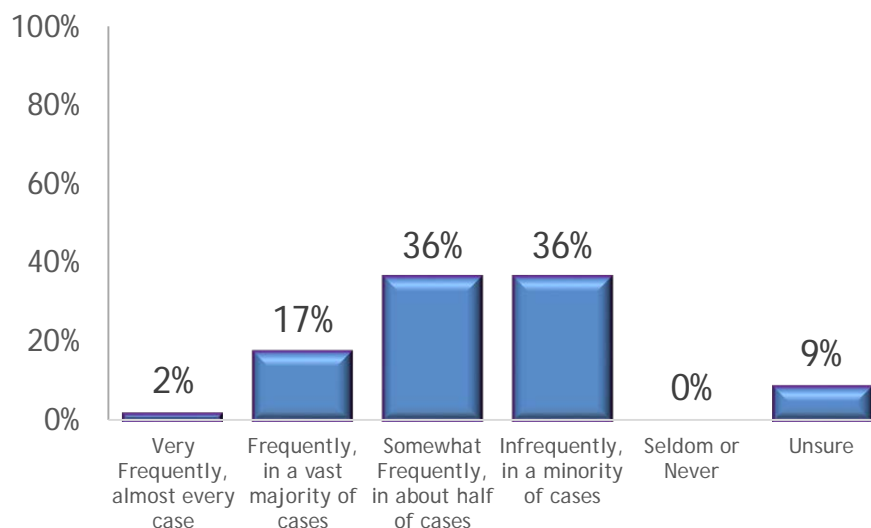


Questions: For each of the following and based upon what you know, please think about radiology patient reports and how frequently each occurs.. Base: 116

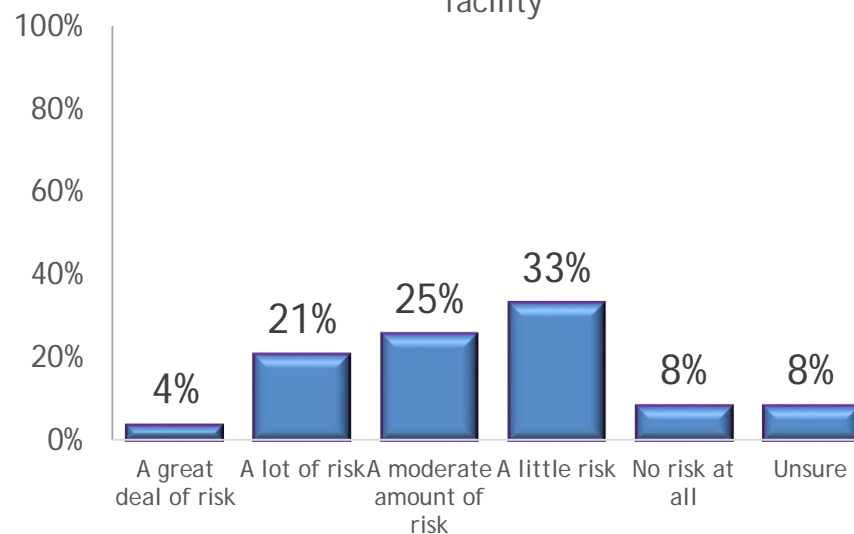
Frequency of encountering incidental findings follow-up and perceived risk to facility

- About two in ten indicate that their facility encounters incidental findings follow-up recommendations frequently; and about four in ten (36%) say they see incidental findings recommendations in about half of the cases
- About one-quarter feel that the risk is high in recommendations for incidental findings; another one-quarter perceive a moderate level of risk. Four in ten perceive little to no risk.

Frequency of Facility encountering incidental findings follow-up recommendations for patients



Amount of risk in recommendations for incidental findings follow-up represent to facility

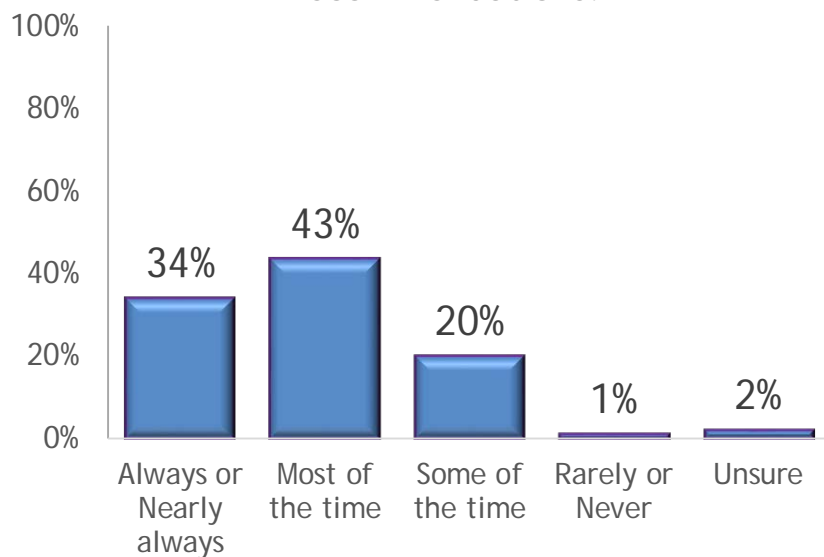


Questions: How frequently does your facility encounter incidental findings follow-up recommendations for your patients? How much risk do you feel incidental findings recommended for follow-up imaging or biopsy represent to your facility/organization? BASES: 116; 106

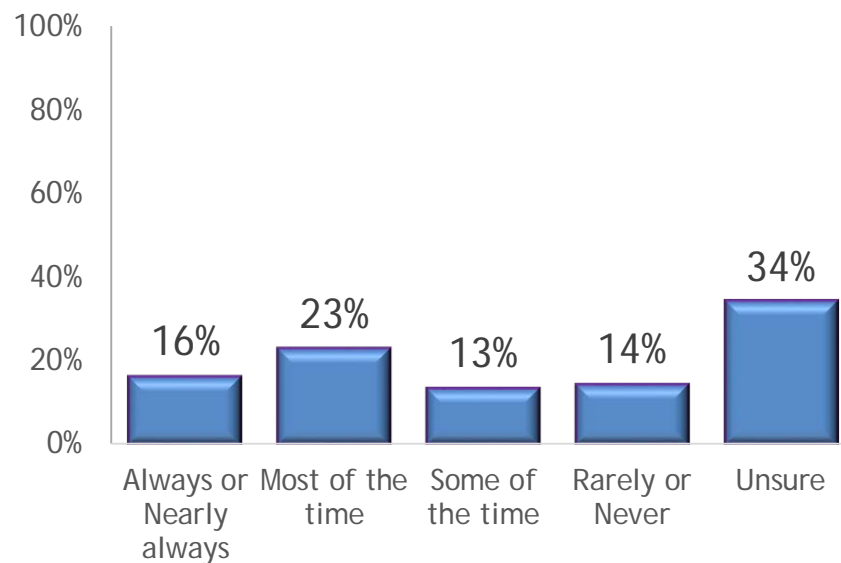
Frequency of clear & actionable radiology reports and containing recommended follow-up in patient instructions

- Three-quarters of support staff feel that radiology reports contain clear and actionable recommendations most if not all of the time
- Four in ten also cite that specific follow-up recommendations included in instructions to the patient occur most or nearly all of the time

Frequency of the radiology report(s) contain clear and actionable follow-up recommendations?



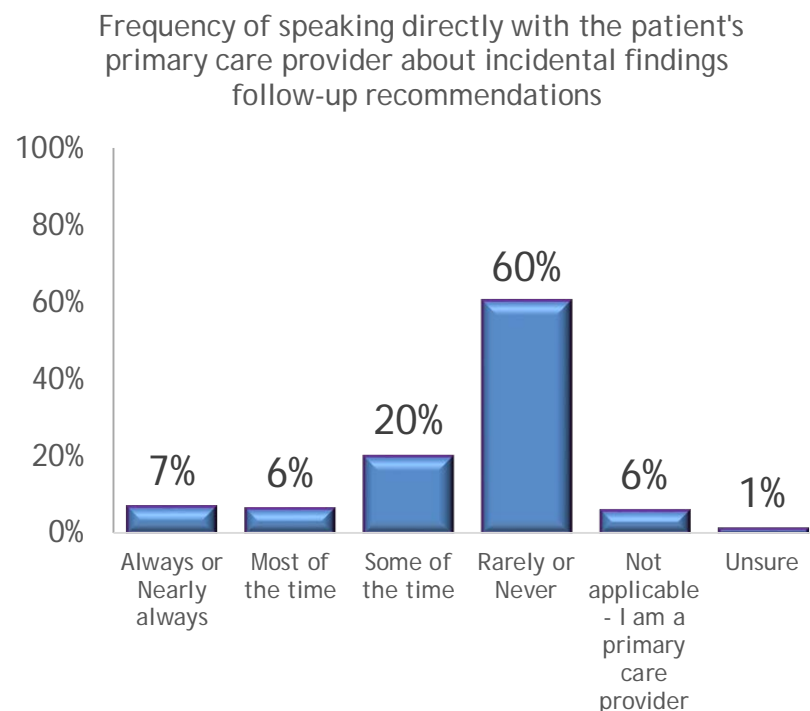
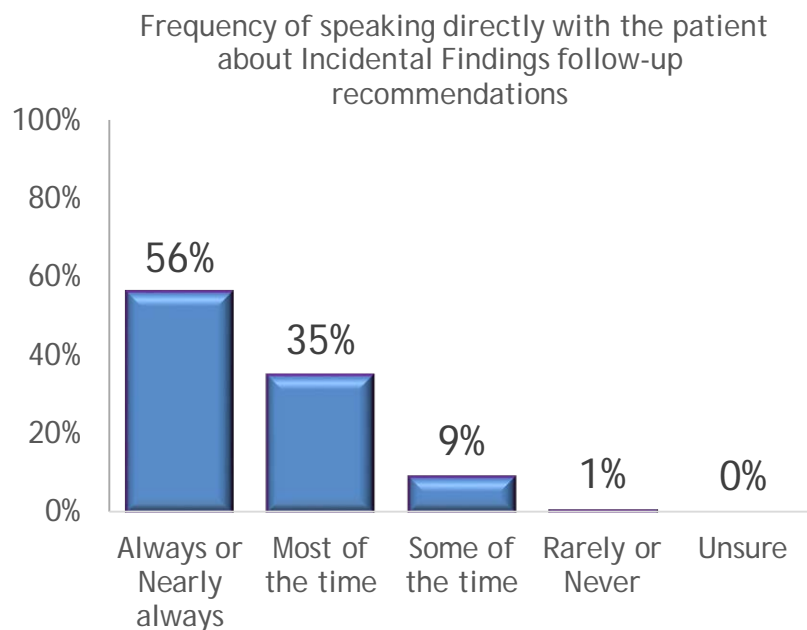
Frequency of the recommended follow-up specifically included in the written instructions to the patient



Questions: When a recommendation for the follow-up of an incidental finding is mentioned in the radiology report, how often does the report contain a clear and actionable follow-up recommendation? When a recommendation for the follow-up of an incidental finding occurs, how often is it specifically included in the written instructions to the patient for follow-up? BASE: 106

Frequency of speaking directly to the patient and to the patient's PCP

- Nine in ten of support staff indicate that they speak with the patient directly most or all of the time
- A majority, however, say they speak routinely with the patient's PCP about incidental findings follow-up

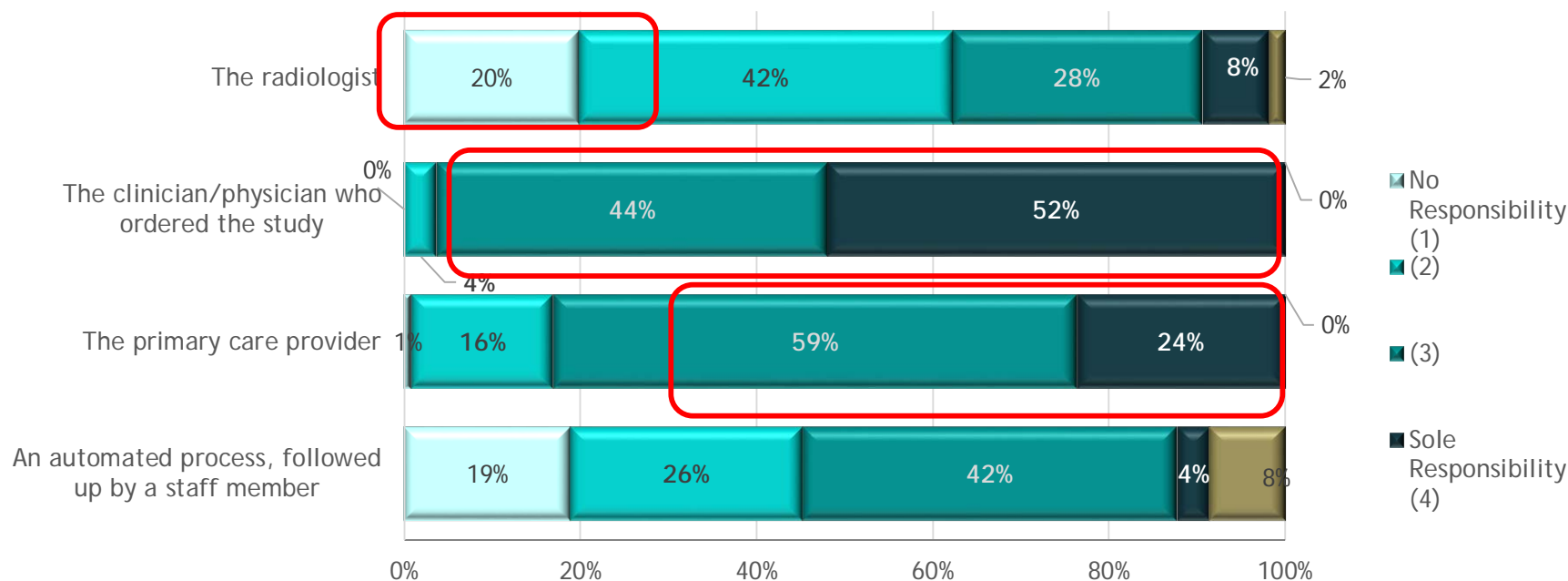


Questions: When a recommendation for the follow-up of an incidental finding occurs, how often do you speak directly with the patient about it? When a recommendation for the follow-up of an incidental finding occurs (imaging or biopsy), how often do you speak directly with the patient's primary care provider? BASE: 189/190

Responsibility of communicating follow-up recommendations to the Patient

- The majority of support staff feel that the responsibility of communicating directly with the patient rests with them as the ordering physician/clinician (96% say sole responsibility (4) or 3)
- The PCP is also described as having a lot of responsibility in patient communications (83% rated a "3" or "4")

Responsibility to communicate follow-up recommendations of Incidental Findings to *THE PATIENT*

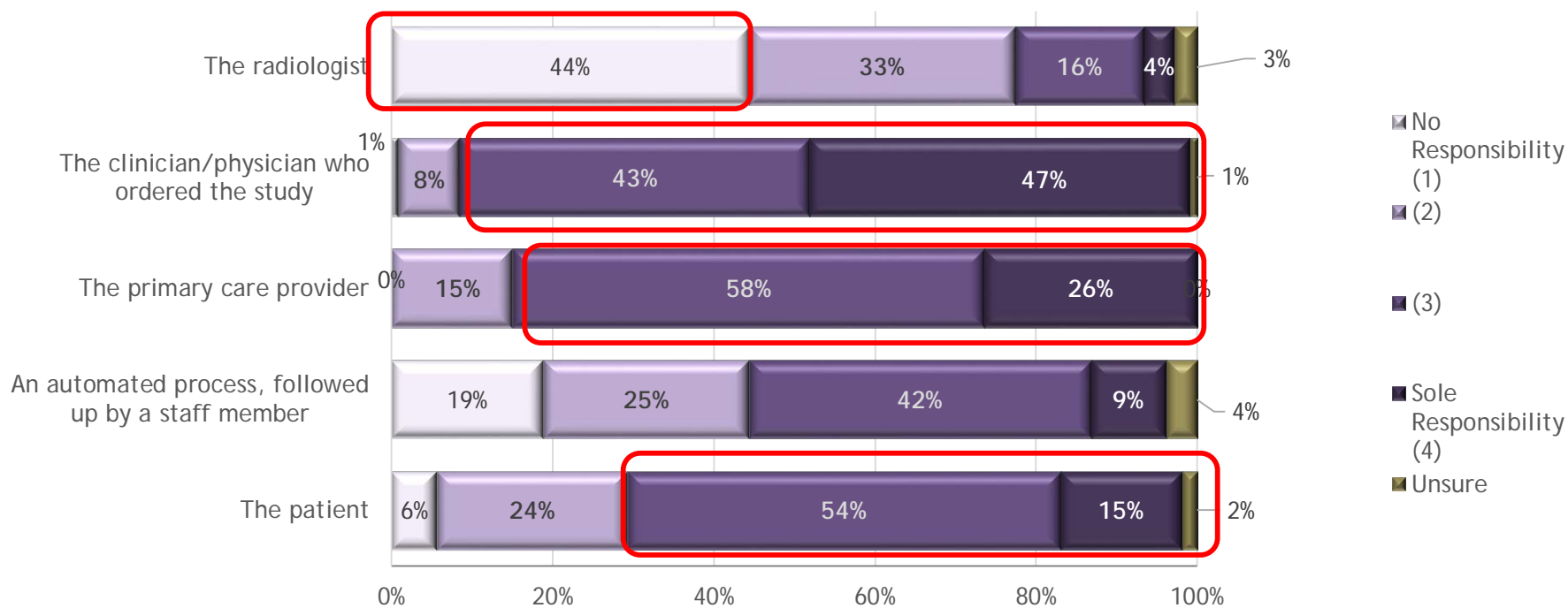


Questions: For the following, please indicate your opinion of the responsibility of each for communicating recommendations for the follow-up of incidental findings to a patient, using a 1 to 4 scale, where 4 is 'sole responsibility' and 1 is 'no responsibility' ; base = 106

Responsibility for *arranging* the recommended follow-up

- Support staff surveyed are split: a majority feel that either the PCP or the ordering physician are largely responsible for arranging the recommended follow-up
- They do not see the radiologist as having a large role in arranging follow-up
- They are less likely than clinicians to feel that the patient bear significant responsibility for arranging follow-up

Responsibility for arranging the recommended follow-up on incidental findings

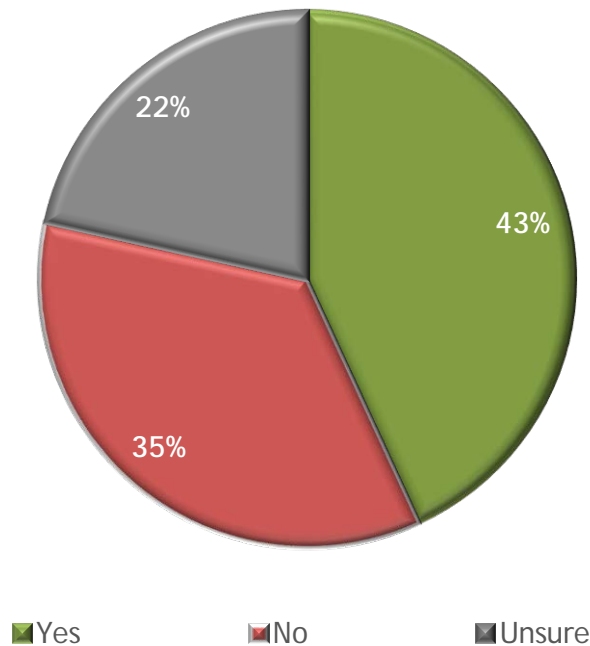


Questions Now, think about arranging the recommended follow-up imaging or biopsy for an incidental finding and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale; base = 1060

Incidence of tracking of incidental findings follow-up

- Currently, four in ten indicate that tracking occurs
- About one-third (33%) say that tracking does not occur
- One-quarter are unsure if any tracking takes place

Track if follow-up on incidental findings occur?

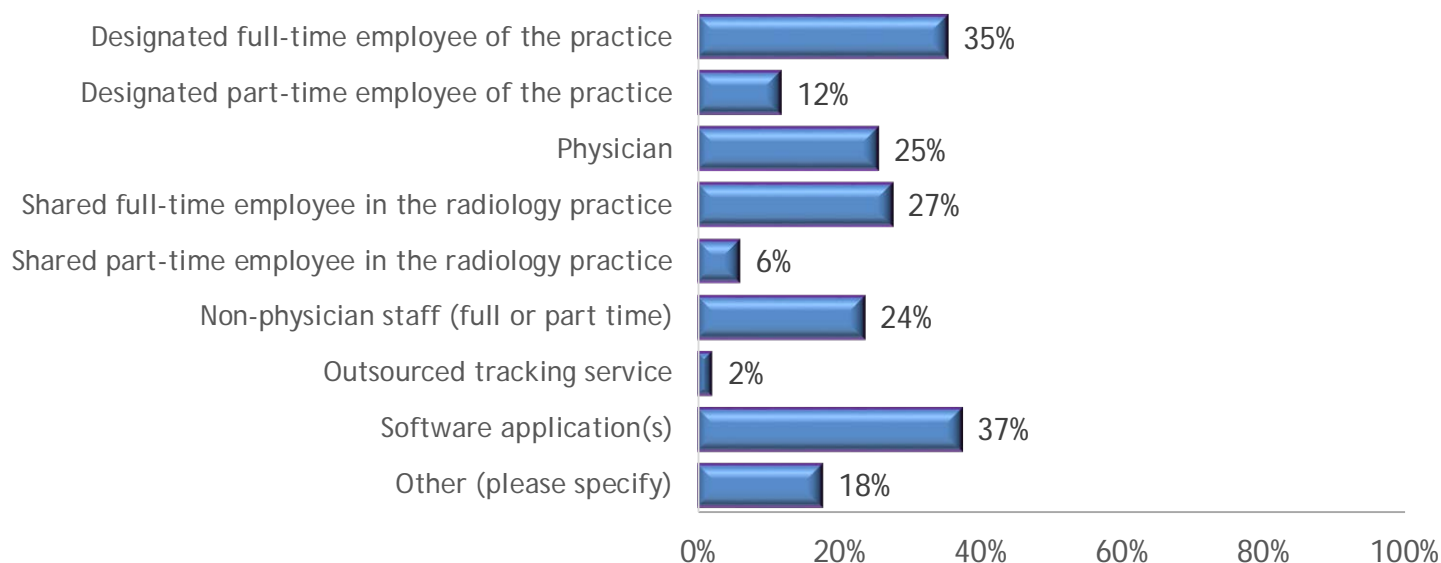


Question: Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur? BASE: 116

Resources used to track recommendations for follow-up

- Equal proportions of support staff (37%, 35%) stipulate that either software applications or a designated FTE of the practice track follow-up recommendations
- One-quarter identify a shared FTE in the radiology practice, a physician or a non-physician staff person as resources to track follow-up

Resources employed to track recommendations for follow-up



Question: In your practice/facility, what types of resources are employed to track that follow-up recommendation for incidental findings are completed? Please select all that apply. BASE - those who track: 51

Barriers experienced implementing a tracking process

- Having the IT infrastructure, compliance, and financial resources are all identified as the primary barrier to implementing a tracking process
- Secondary barriers include administrative, culture, and clinical judgment

Barriers experienced implementing a tracking process

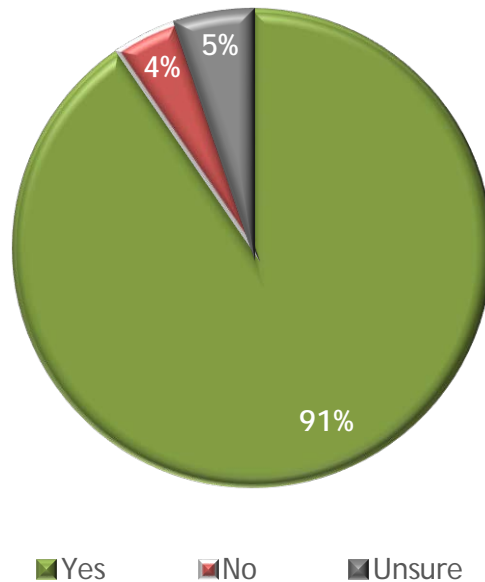


Question: What barriers have you experienced regarding the implementation of a tracking process for radiology-recommended follow-up imaging or biopsy for incidental findings? Please select all that apply. BASE: 50

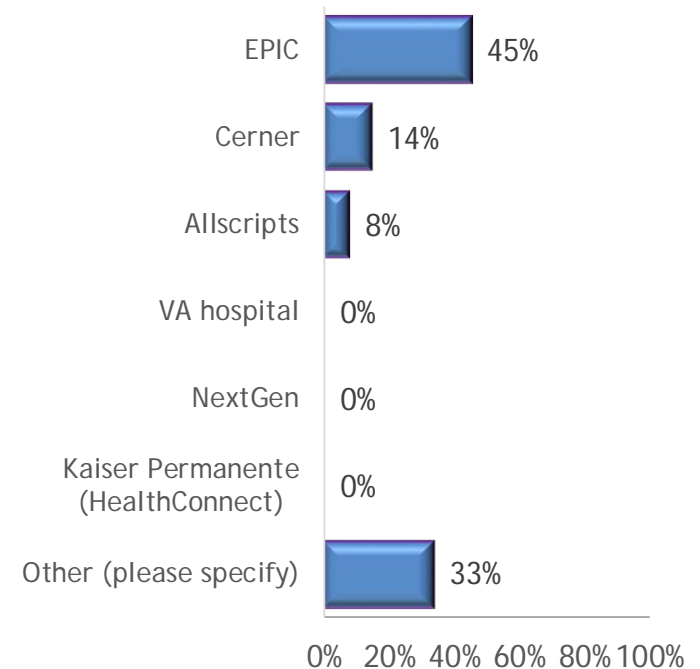
Penetration/Incidence of EMR/EHR

- Nine in ten indicate that their facility owns or manages an EMR or EHR
- EPIC was most widely cited brand of EMR/EHR

Does Facility own or manage an EMR or EHR?



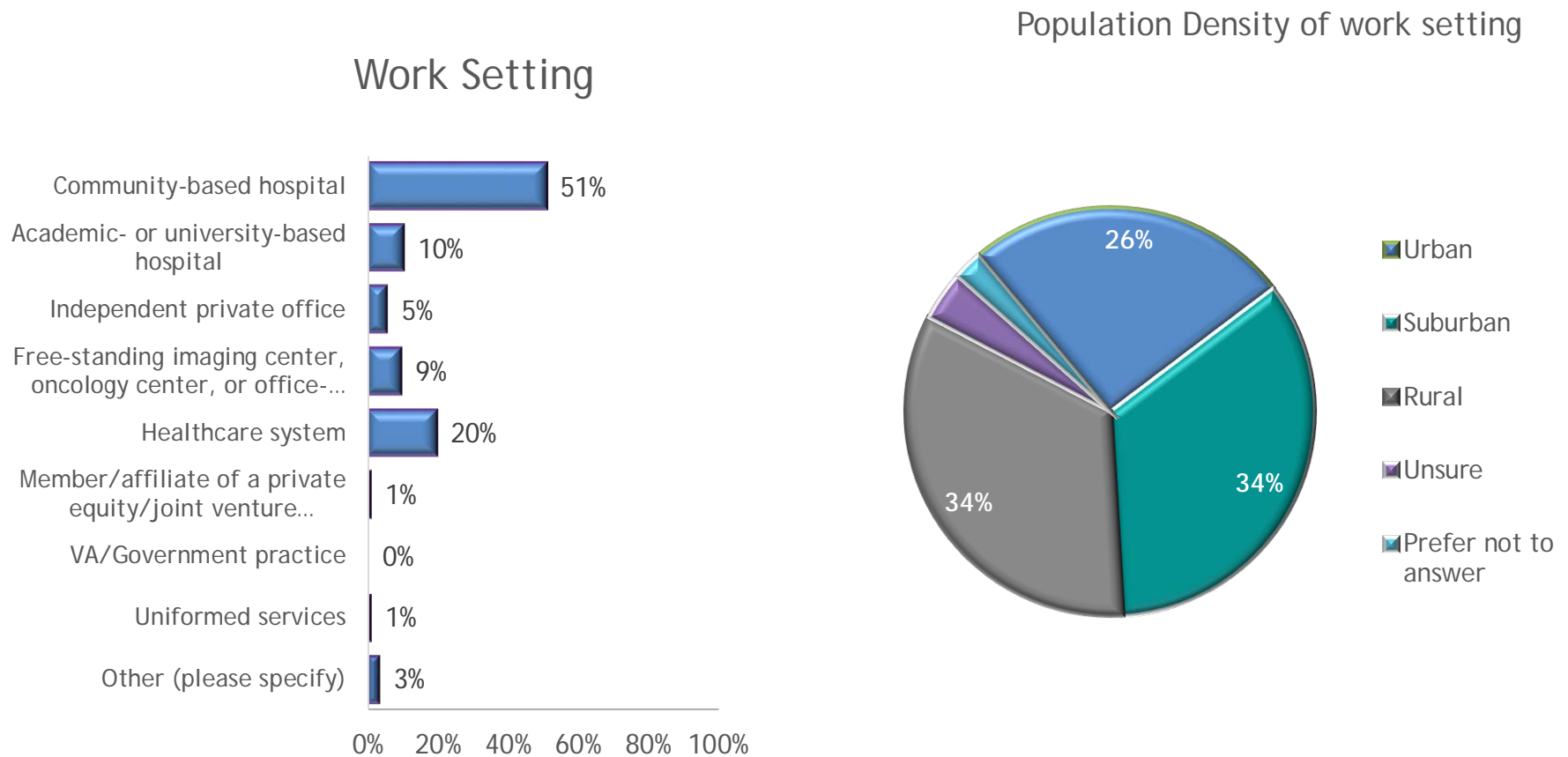
Name of EMR/EHR Facility has



Question: Does your practice own and manage an electronic medical or health record (EMR or EHR)? What EMR or EHR does your practice/organization use? BASE: 116; 105

Demographics

A majority work in a community-based hospital or a university/academic hospital in an urban or suburban area

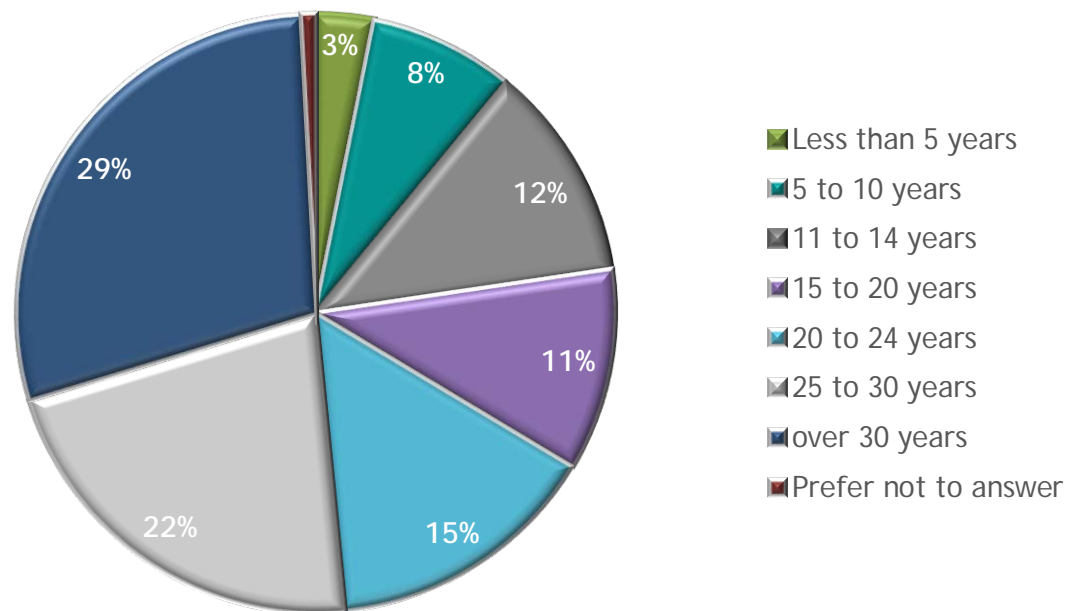


Questions: Which of the following best describes your work setting? If you work in more than one setting, please choose the work environment in which you spend the most time.; Do you describe your current work location as...? base = 128

Support Staff exhibit a breadth of tenure

- The average number of years clinicians have been actively employed in their profession was 23.5 years

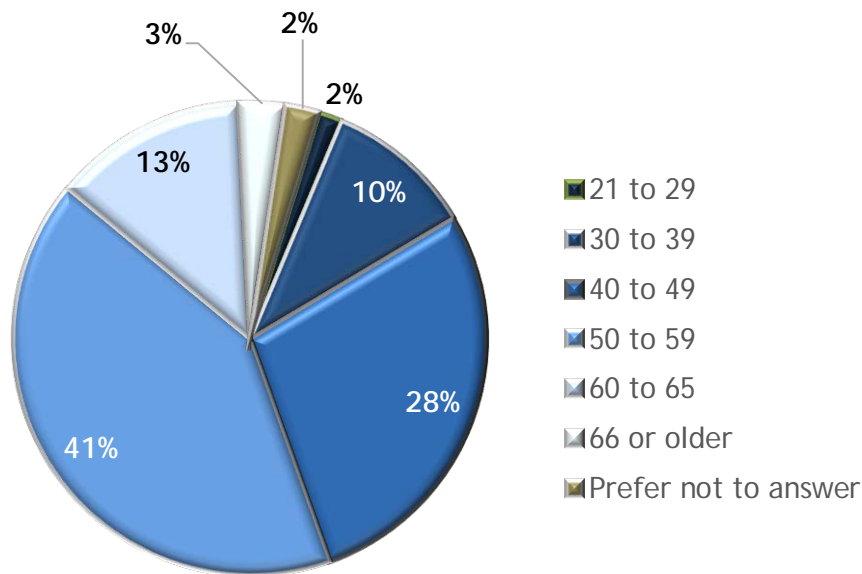
of Years employed in Profession



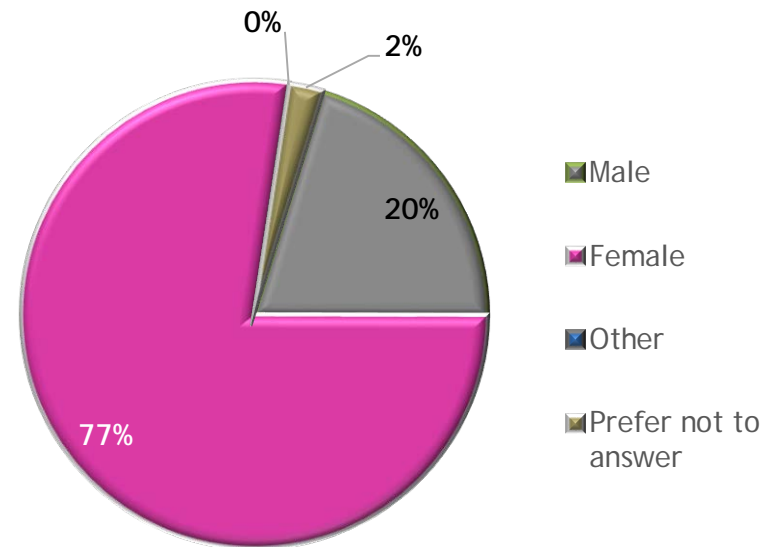
Questions: What best describes the number of years you have been actively employed in your profession? base = 128

Support staff are much more likely to be female than either clinicians or radiologists; they are an average age of 48.4 years

Age



Gender



Questions: Which of the following includes your age? are you...? base = 128