

Moore Foundation Closing the Loop Stakeholder Survey Radiologists

N= 247 Radiologists

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

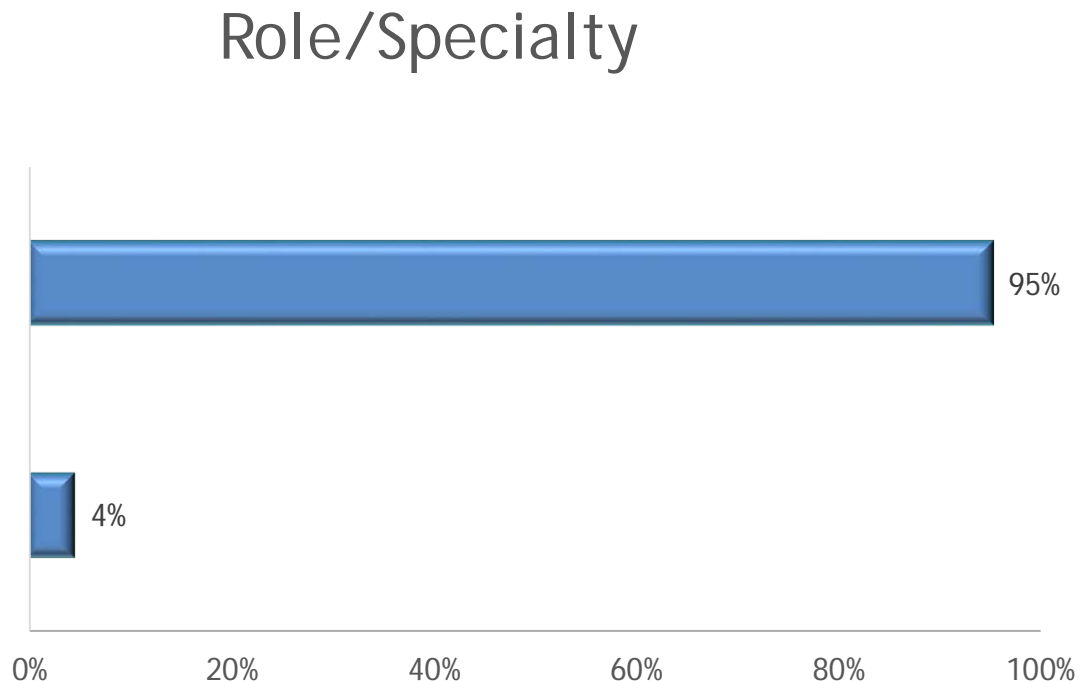
Survey Methodology

- 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

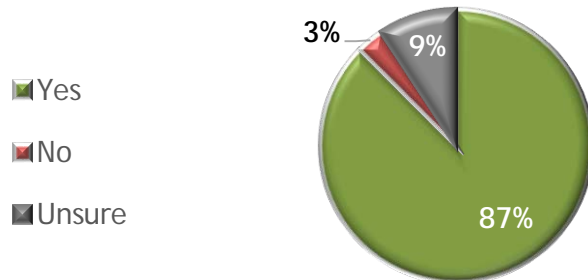
- Only a small percentage (4%) identified themselves as an Interventional Radiologist (IR)



Question: Which of the following best describes your specialty? If you have multiple specialties, please choose the one for which you dedicate a majority of your time.
Base: 247

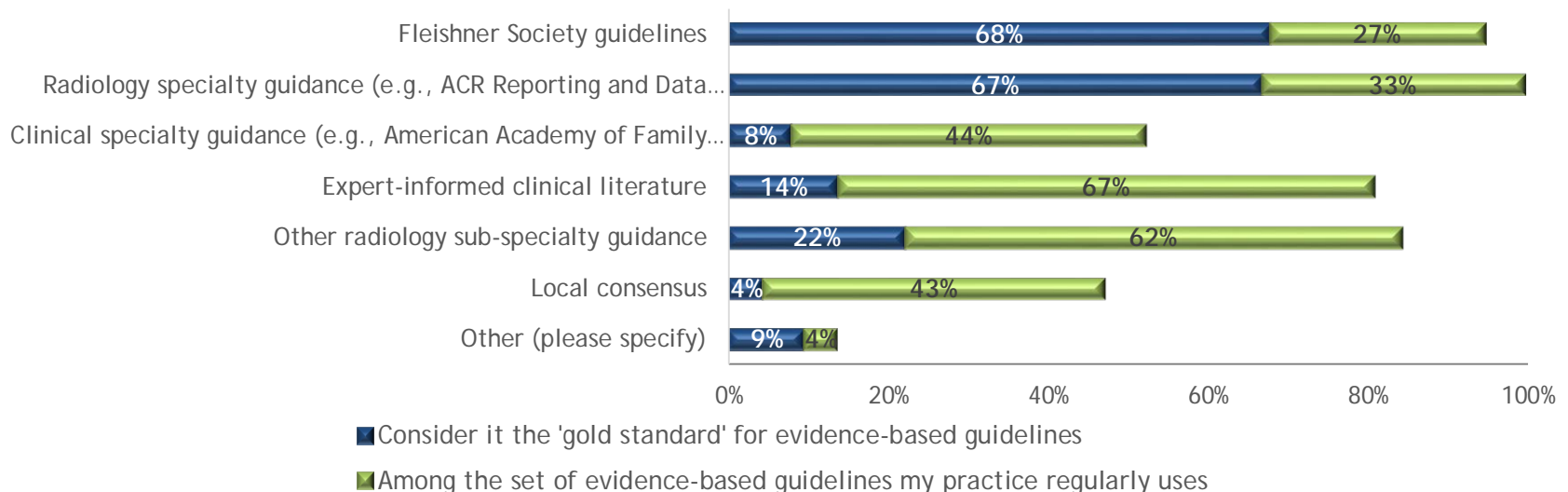
Evidence-based guidelines in use at practice

Use of Evidence-Based Criteria for follow-up Recommendations



- Of the vast majority who use evidence-based guidelines, radiology specialty guidance (e.g., ACR, BI-RADS, etc.) and Fleishner Society guidelines are considered gold standards

Use of Specific Evidence-based Guidelines

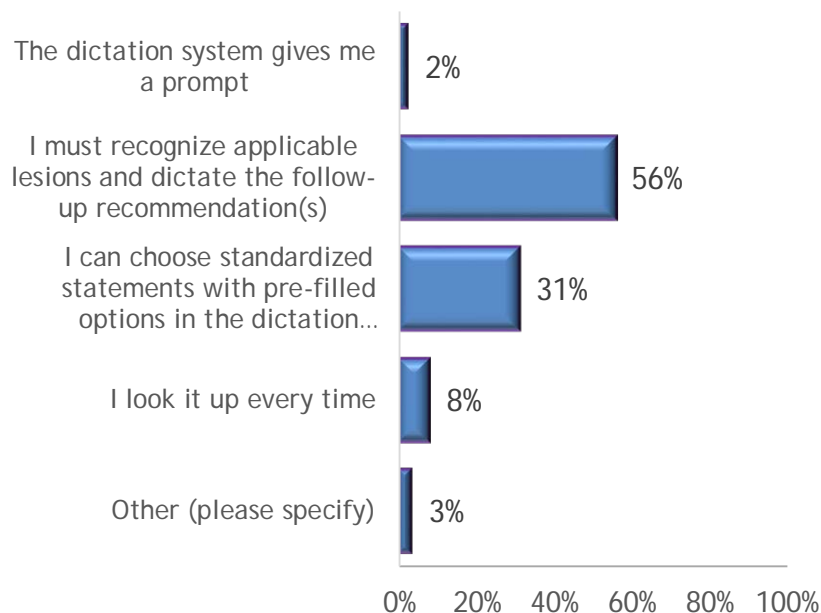


Questions: Does your practice use evidence-based criteria as the basis for making follow-up recommendations from an imaging exam or procedure? Which of the following evidence-based guidelines does your practice use? For each, please indicate the degree to which you use it as a guideline Bases: 247; 165

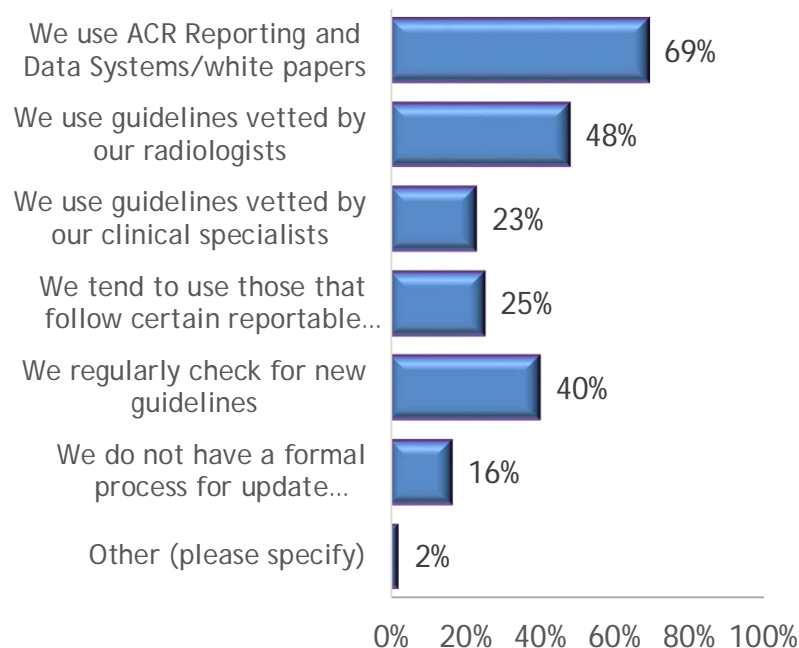
How to know if evidence-based guidelines apply and which should be used

- In terms of knowing if evidence based guidelines apply, over half say they must recognized applicable lesions; three in ten say they can choose standardized statements
- Use of ACR Reporting and data systems or white papers is the most common what a practice decides which guidelines should be used
 - About half (48%) say they used guidelines vetted by the practice's radiologists and/or regularly check for new guidelines (40%)

How to know if evidence-based guidelines for follow-up apply



How Practice decides which guideline(s) should be used

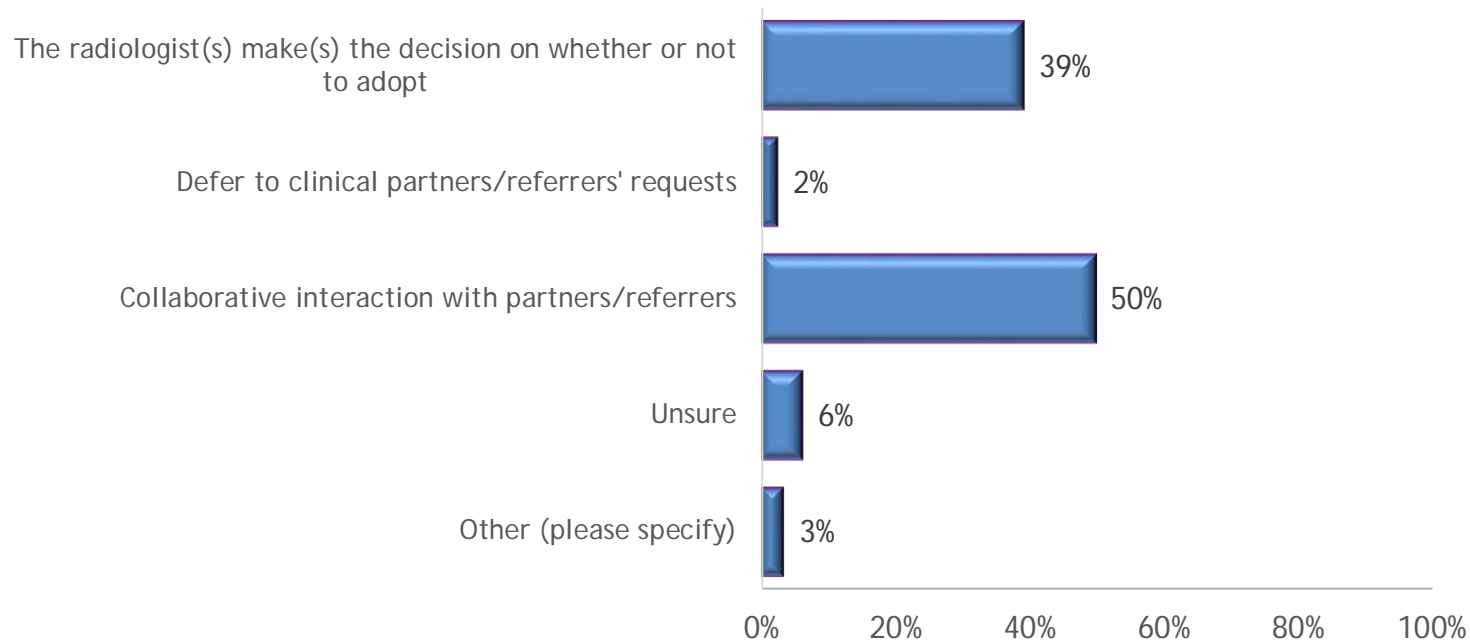


Questions: After evaluating an imaging study, how do you know that an evidence-based guideline for a follow-up recommendation applies? If there is more than one way, please select the option that you use most often/prefer How does your practice decide which

How practices adopt guidelines requested by referrers

- About one-quarter state that the radiologist makes the decision

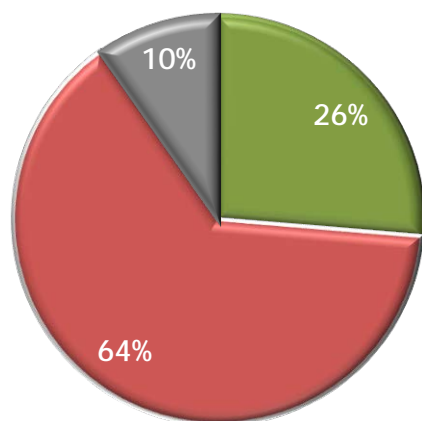
How Practice adopts guideline(s) requested by referrers in community



Incidence of closed-loop communication process and types of guidelines followed

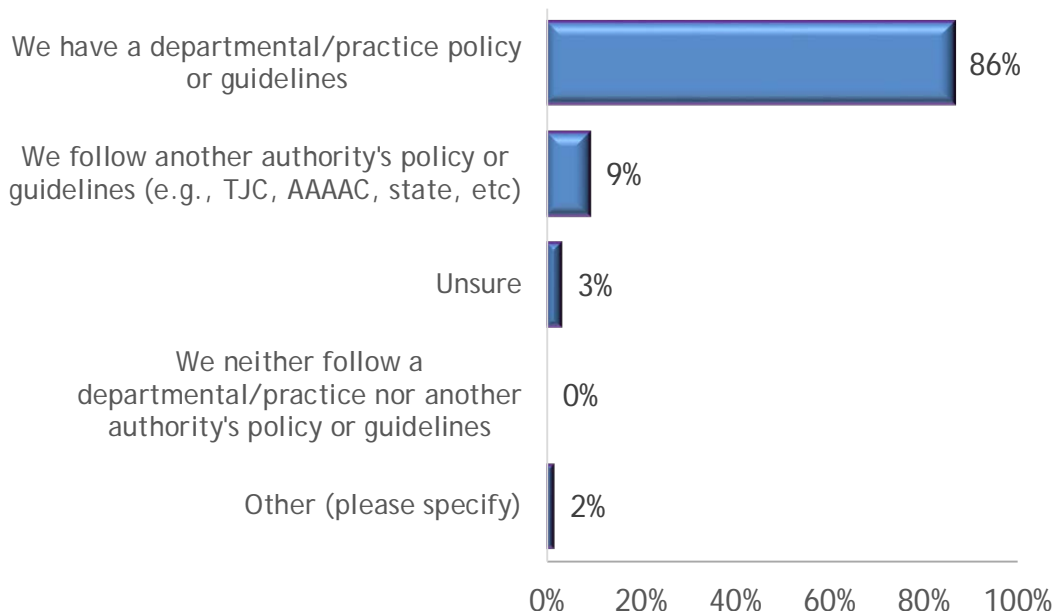
- For those who do have a closed-loop process, the vast majority indicate that they have a policy or guidelines for such a process in place

Follow-up recommendations require a closed-loop communication process?



■ Yes ■ No ■ Unsure

Types of Guidelines Followed for Incidental Findings that require closed loop communication

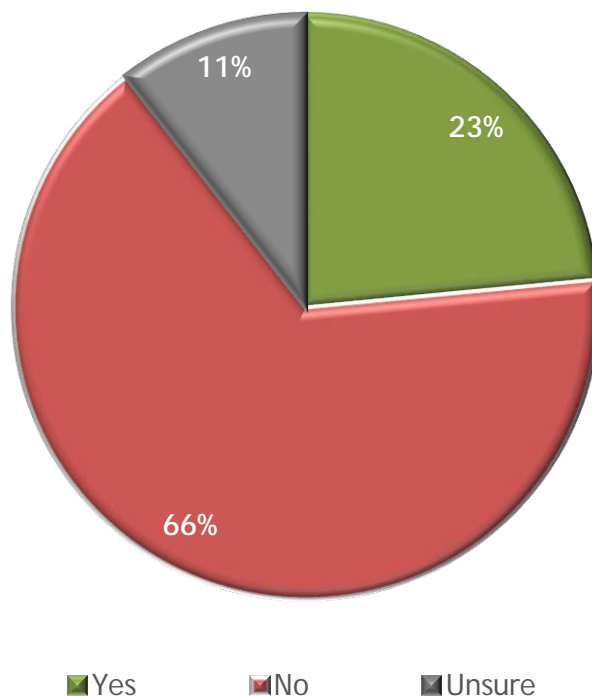


Questions: Do non-critical follow-up recommendations for incidental findings require a closed-loop communication process at your practice? What type of guidelines do you follow for non-critical follow-up recommendations for incidental findings that require a closed-loop communication process? BASEs: 247; 65

Incidence of tracking of incidental findings follow-up

- Only one-quarter of radiologists say that tracking occurs
- Six in ten say that such tracking does not currently occur

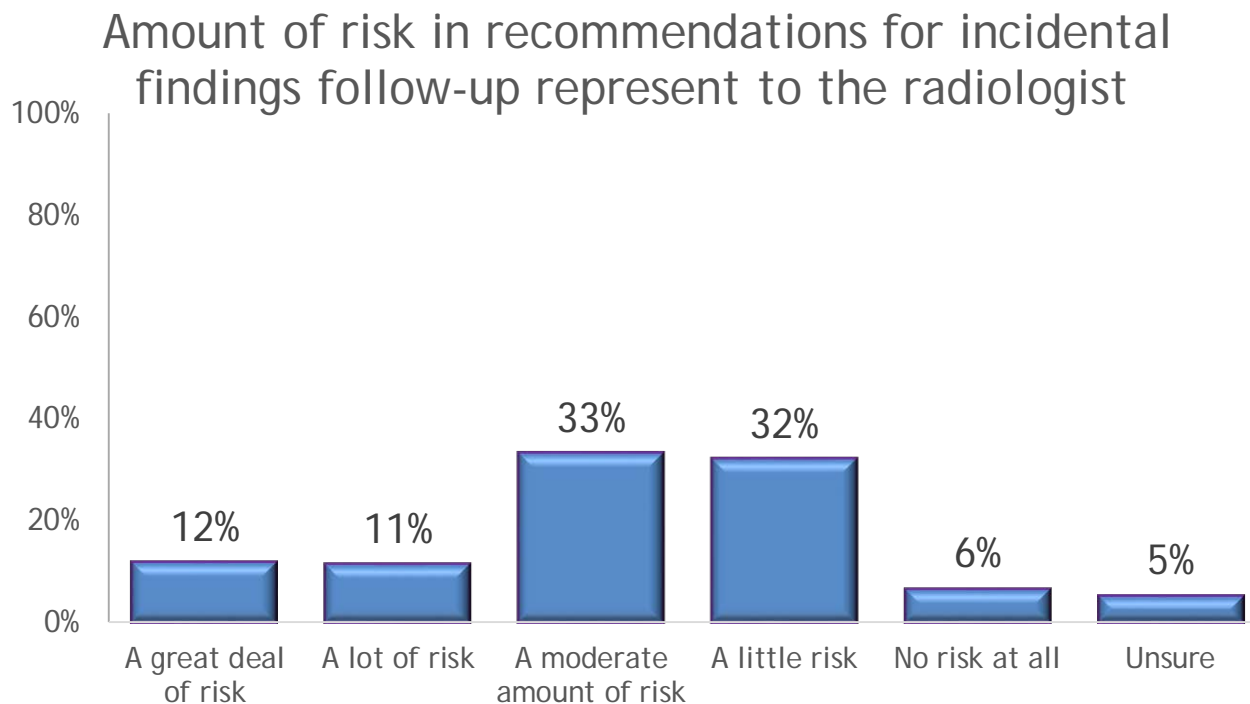
Track if follow-up on incidental findings occur?



Question: Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur? BASE: 247

Perceived risk to radiologist in recommendations for incidental findings follow-up

- About four in ten feel that there is little or no risk
- About one-quarter of radiologists feel there is a great deal or a lot of risk

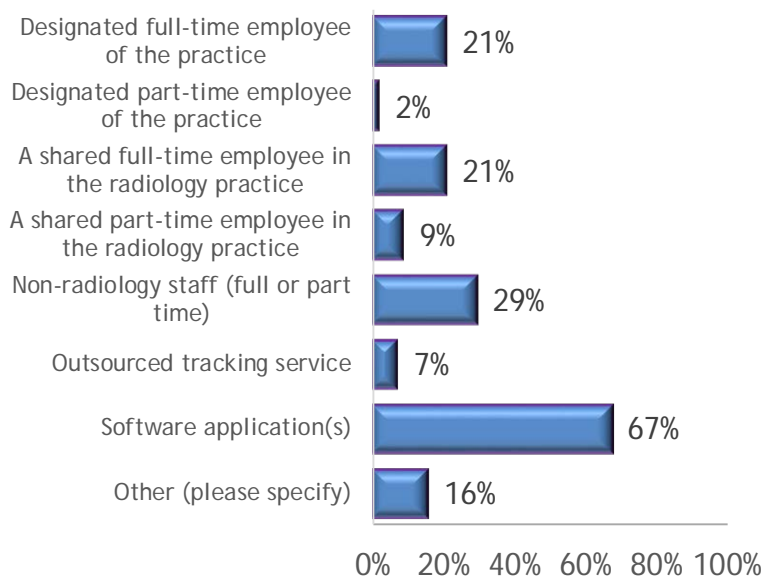


Question: How much risk do you feel recommendations for the follow-up of incidental findings represent to you as a clinician? BASE: 247

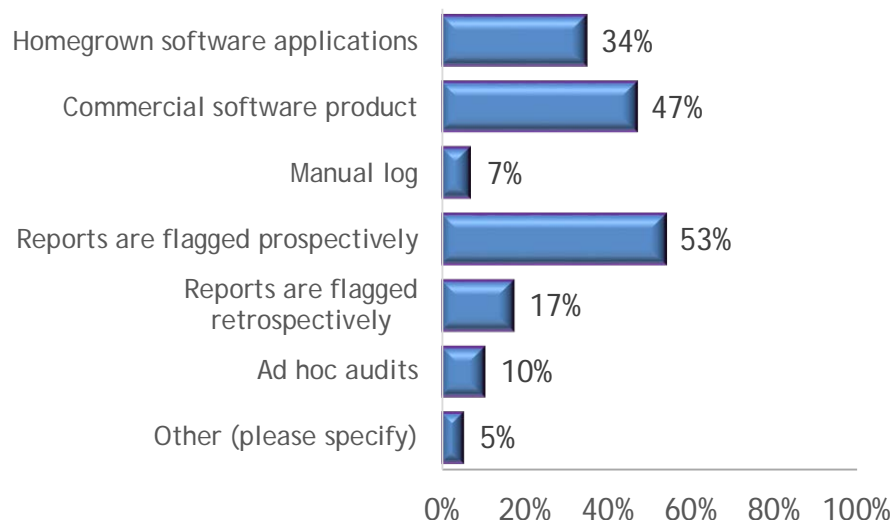
Resources and systems used to track recommendations for follow-up

- Two-thirds mention software applications are used to track; two in ten mention a dedicated or shared FTE of the radiology practice
- Systems deployed include reports that are flagged prospectively (53%), commercially available products (47%) and/or homegrown software (34%)

Resources employed to track recommendations for follow-up



System used to track follow-up recommendations on Incidental Findings

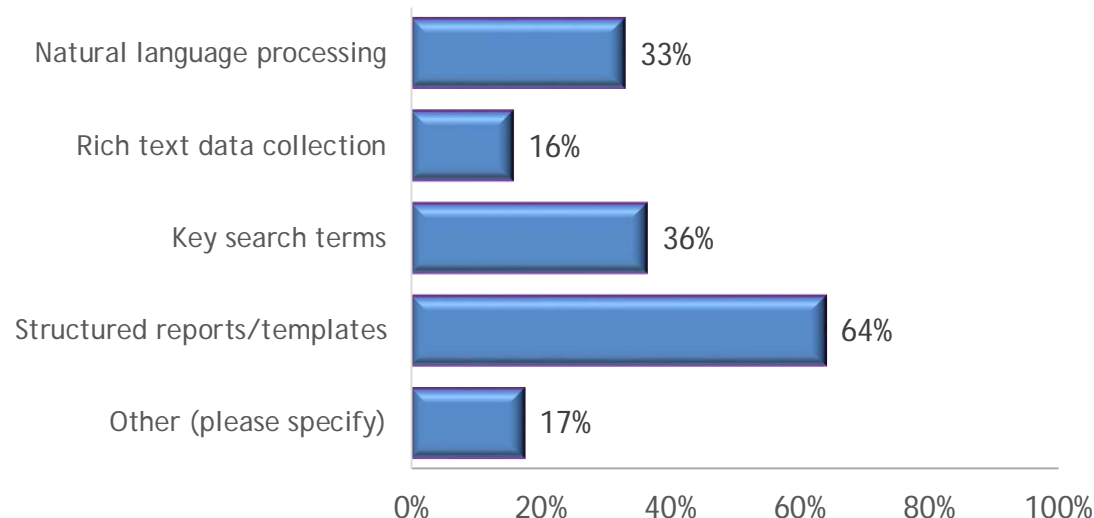


Question: In your practice, what types of resources are employed to track whether or not recommendations for follow-up imaging or biopsy occur? Please select all that apply.; What type of system does your practice use to track the follow-up of incidental finding recommendations? Please select all that apply. BASE: 58

Forms of HIT employed to track recommendations

- A majority mention utilizing structured reports/templates
- About one-third utilized natural language processing; the same proportion use search terms

Forms of Health Information Technology (HIT) employed to track recommendations

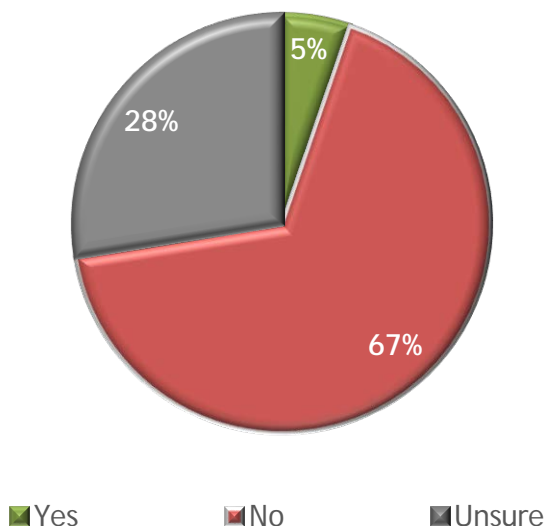


Question: What form(s) of health information technology (HIT) does your practice employ to track recommendations? Please select all apply. BASE: 58

Utilization of ROI analysis for incidental findings tracking

- Only one in twenty has completed an ROI analysis

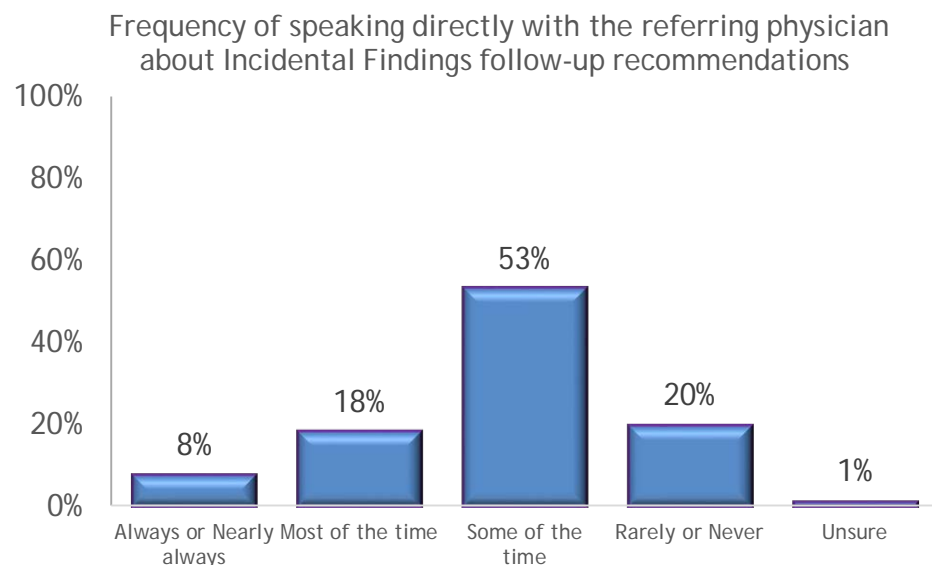
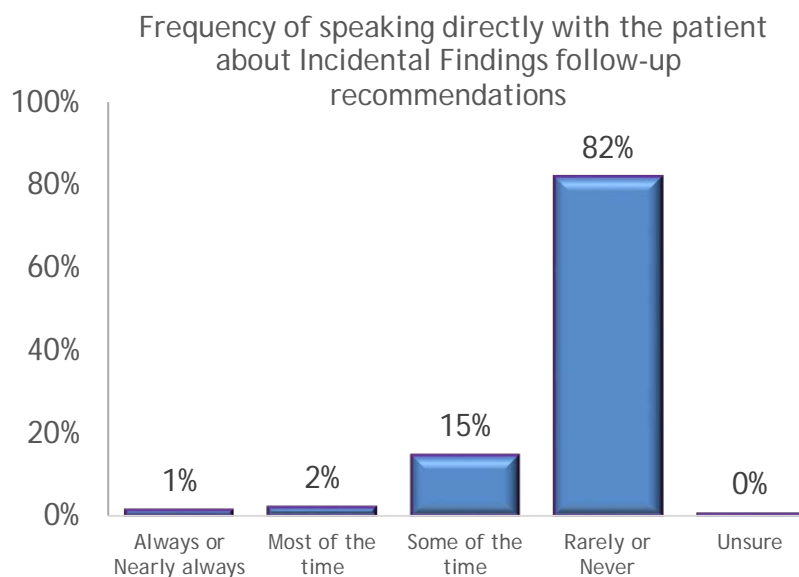
Conduct an ROI for tracking/completion of Incidental Findings Follow-up?



Question: Has your practice conducted a financial analysis of the return on investment (ROI) for the tracking and completion of incidental findings follow-up recommendations?. BASE: 247

Frequency of radiologist speaking with patient and referring physician about recommendations for incidental findings follow-up

- The vast majority (82%) of radiologists surveyed said they rarely or never speak to the patient about follow-up based upon incidental findings
- Over half (53%) say they do speak with the referring physician 'some of the time', while about one-quarter (26%) claim that they discuss their recommendation most of the time or nearly always

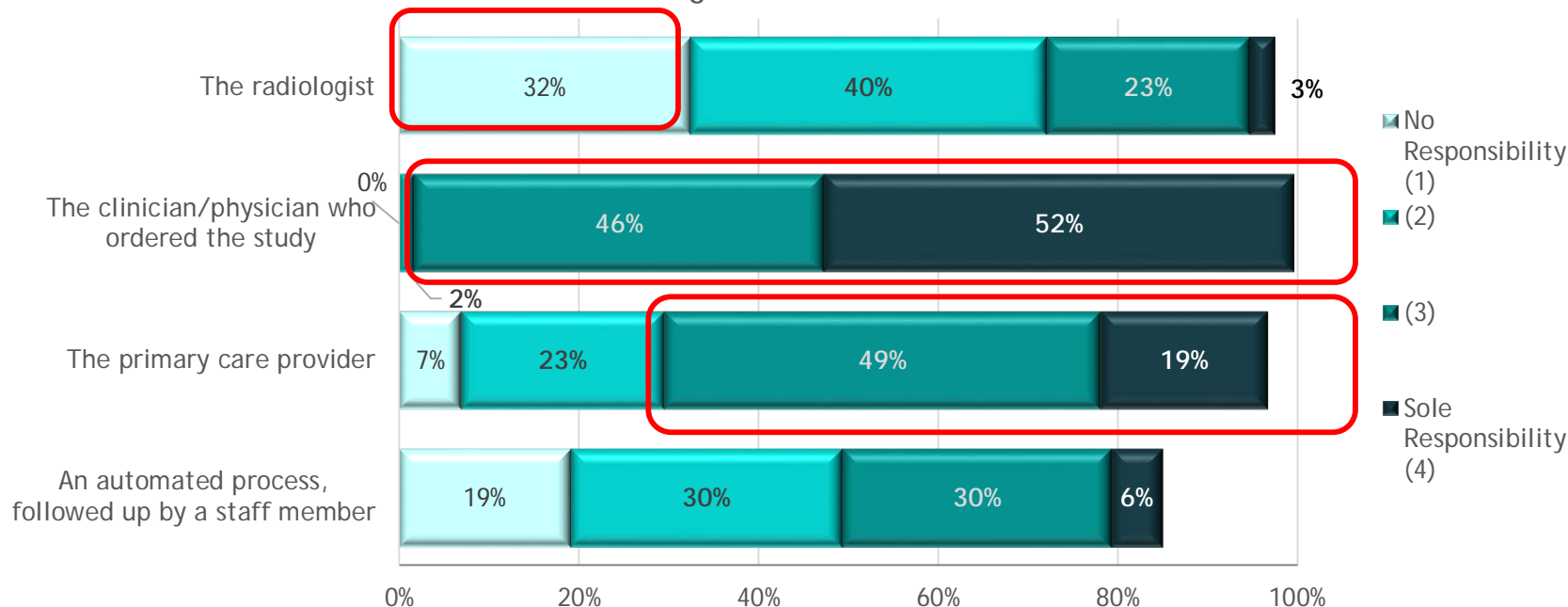


Questions: When an incidental finding follow-up recommendation occurs, how often do you speak directly with the patient about it? If a follow-up imaging exam or biopsy is recommended for an incidental finding, when do you most typically inform the patient? BASE: 247

Responsibility of communicating follow-up recommendations to the Patient

- The vast majority of radiologists feel that the responsibility of communicating directly with the patient rests with the ordering physician/clinician (52% say sole responsibility)
- The PCP is also described as having a lot of responsibility in patient communications (68% rated a "3" or "4")
- Radiologists do not see their role as the communicator with the patient, nor do they see an automated process bearing a lot of responsibility in patient communications of incidental finding recommendations

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 = 247

Responsibility for *arranging* the recommended follow-up

- Radiologists indicate that the ordering physician/clinician has the primary responsibility for arranging recommended follow-up
- The PCP is also described as having a lot of responsibility in patient communications
- Interestingly, radiologists also feel that the patient has some responsibility as well in arranging for the recommended follow-up

Responsibility for Arranging the recommended Follow-up
on Incidental Findings

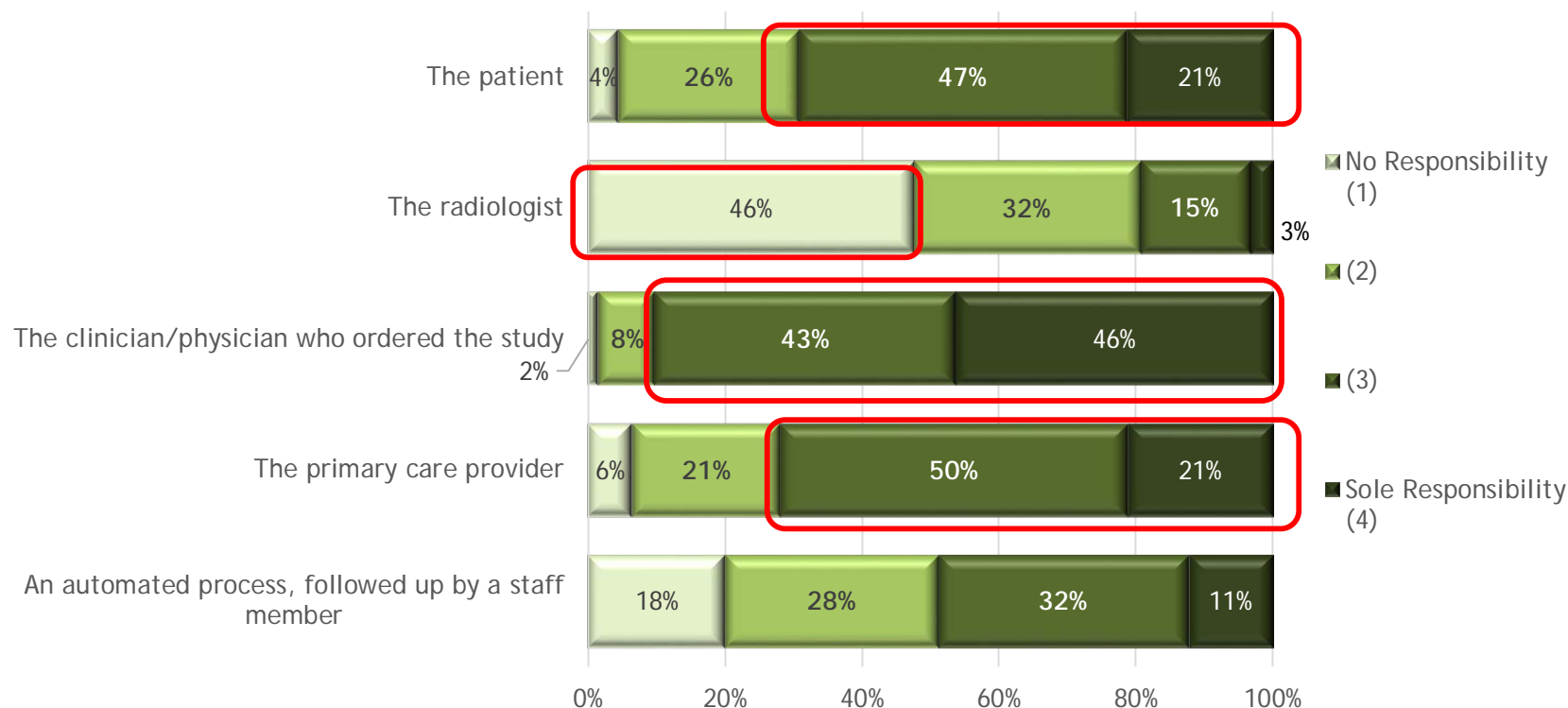


Questions Now, think about arranging the recommended follow-up imaging or biopsy for an incidental finding and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale; base = 247

Responsibility for *assuring* follow-up occurs

- Radiologists demonstrate consistency in who they believe is responsible for follow-up: namely the ordering physician, the patient's PCP or the patient him/herself

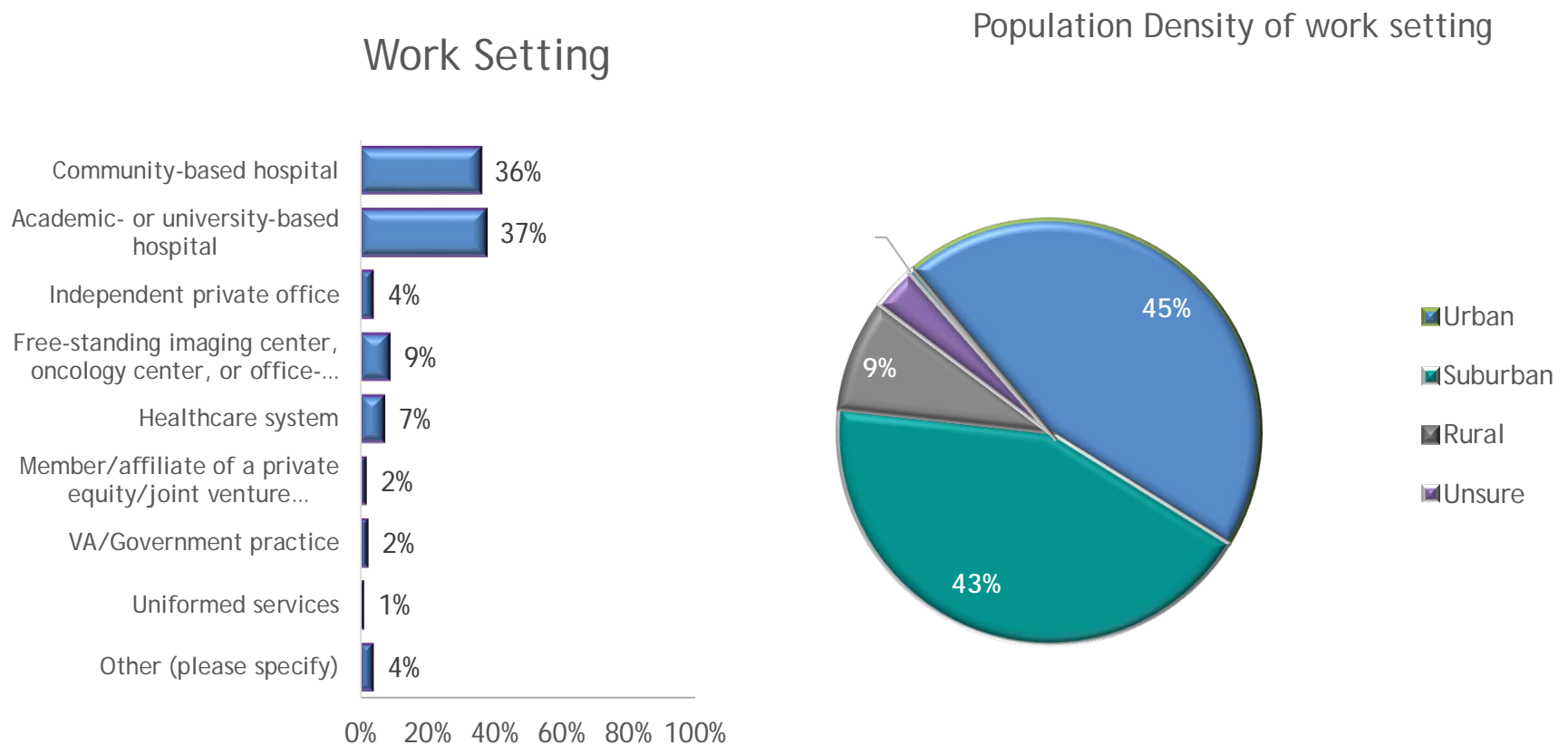
Who Assures that the follow-up recommendation occurs



Now, think about assuring that the recommended follow-up imaging or biopsy occurs and your opinion about the responsibility of each to assure the implementation, using the same 1 to 4 scale; base = 247

Demographics

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

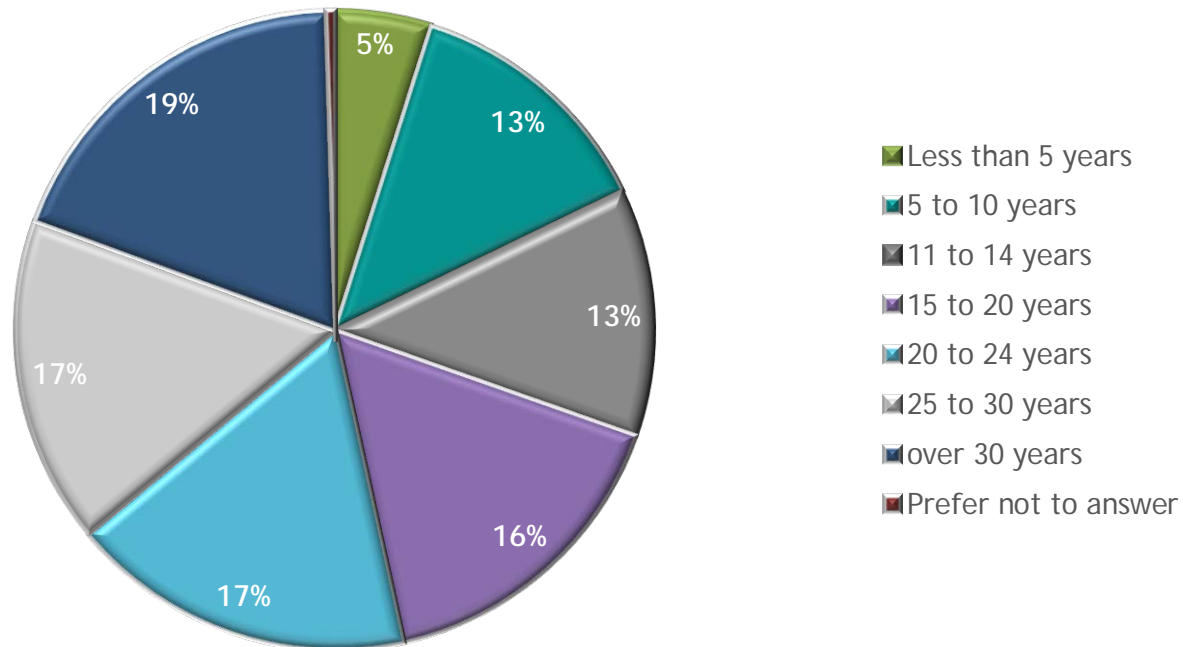


Questions: Which of the following best describes your work setting? If you work in more than one setting, please choose the work environment in which you spend the most time.; Do you describe your current work location as...? base = 247

Radiologists exhibited a breadth of tenure

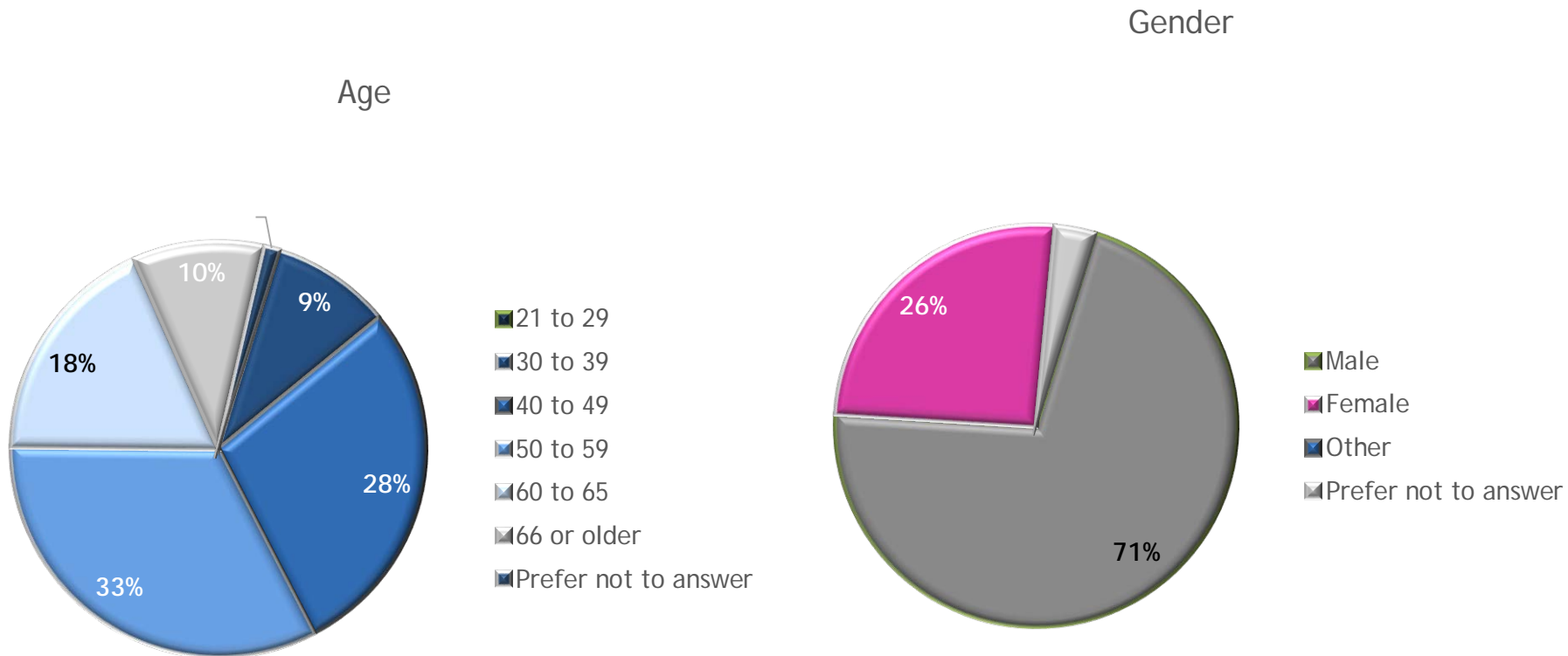
- The average number of years radiologists have been actively employed in their profession was 20.6 years

of Years employed in Profession



Questions: What best describes the number of years you have been actively employed in your profession? base = 247

Most are male and an average age of 52 years



Questions: Which of the following includes your age? are you...? base = 247