

Moore Foundation Closing the Loop Stakeholder Survey Referring Physicians/Clinicians

N= 199 Physicians/Clinicians

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

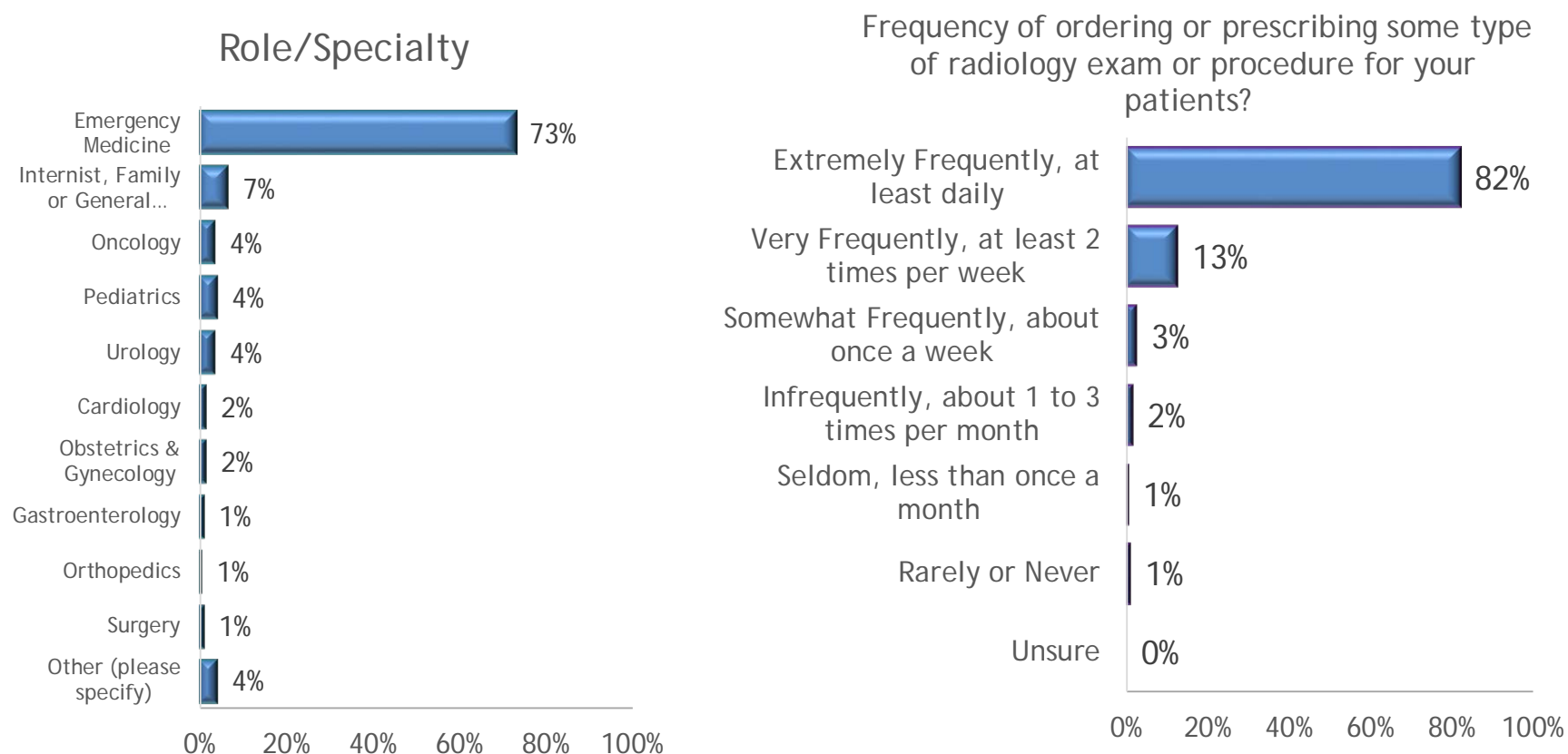
Survey Methodology

- 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 & frequency of ordering radiology exams

- Most who participated in this survey are emergency medicine physicians, and who order imaging exams nearly every day for their patients
- Respondents order imaging exams for an average of 59% patients per week

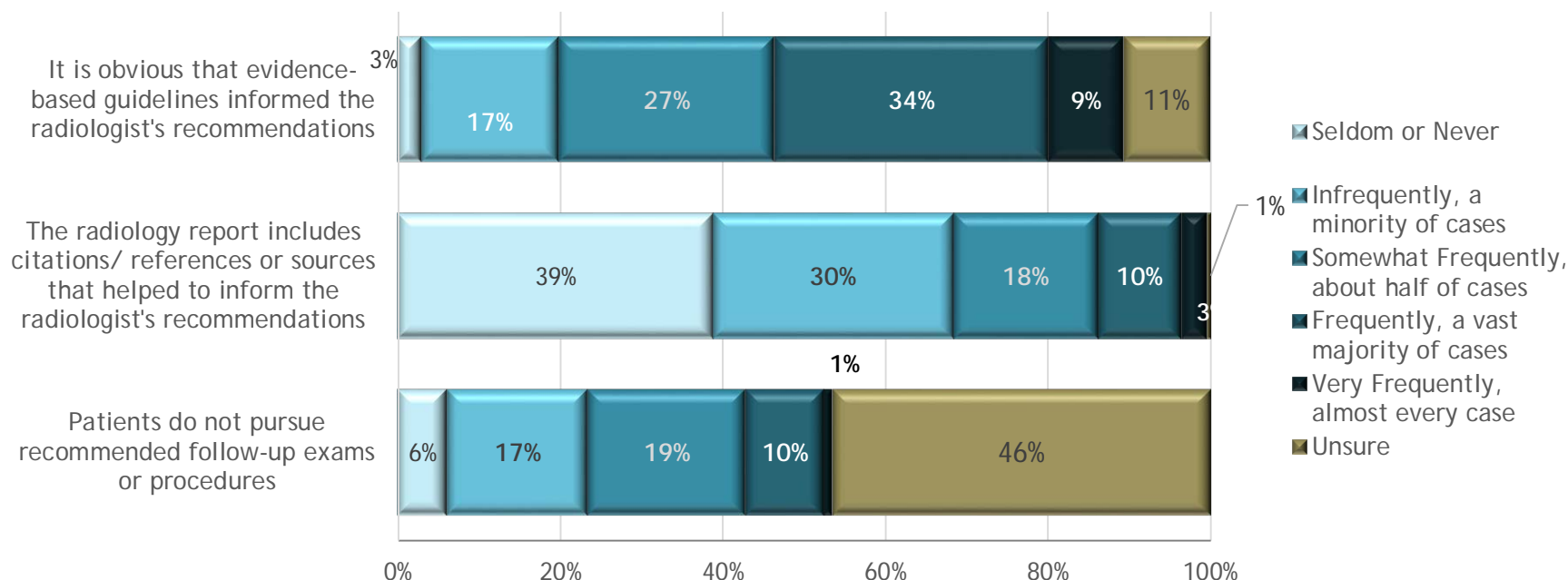


Questions: Which of the following best describes your specialty? If you have multiple specialties, please choose the one for which you dedicate a majority of your time.
 How often would you say you order or prescribe some type of radiology exam or procedure for your patients? Would you say.... Base: 199

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

- Respondents indicate that usage of evidence-based guidelines is extremely common, as is the usage of evidence-based guidelines by the radiologist.
- Physicians/clinicians are much less sure of whether or not patients pursue recommended follow-up exams

Frequency of Occurrence

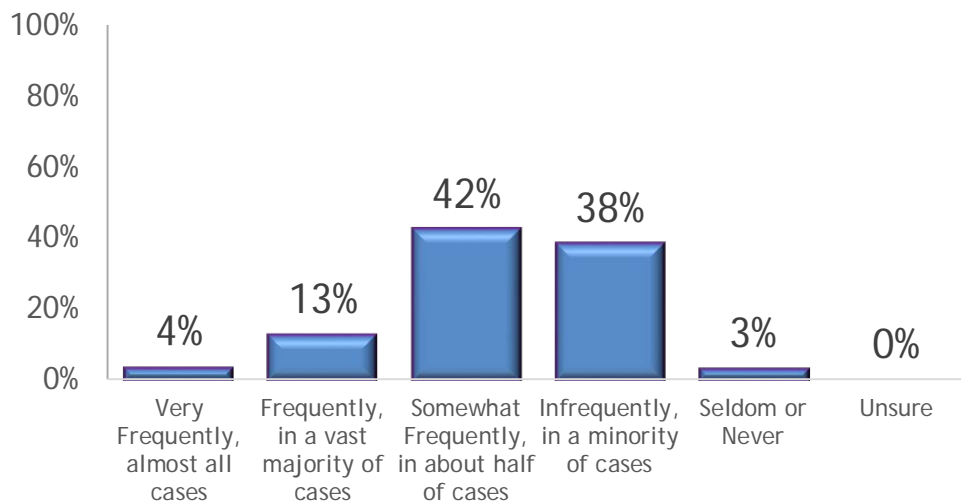


Questions: For each of the following, please think about radiology reports that you receive for your patients and how frequently each occurs. Base: 196

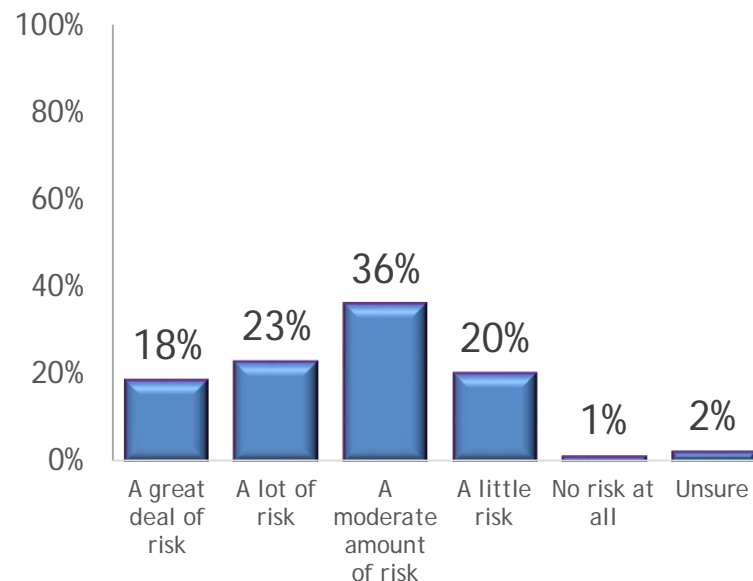
Frequency of encountering incidental findings follow-up and perceived risk to them as clinicians

- About two in ten indicate that they encounter incidental findings follow-up recommendations frequently; and four in ten say they see incidental findings recommendations in about half of the cases
- About four in ten feel that the risk is high in recommendations for incidental findings; another nearly forty percent perceive a moderate level of risk. Two in ten perceive little to no risk.

Frequency of encountering incidental findings follow-up recommendations for patients



Amount of risk in recommendations for incidental findings follow-up represent to you as a clinician

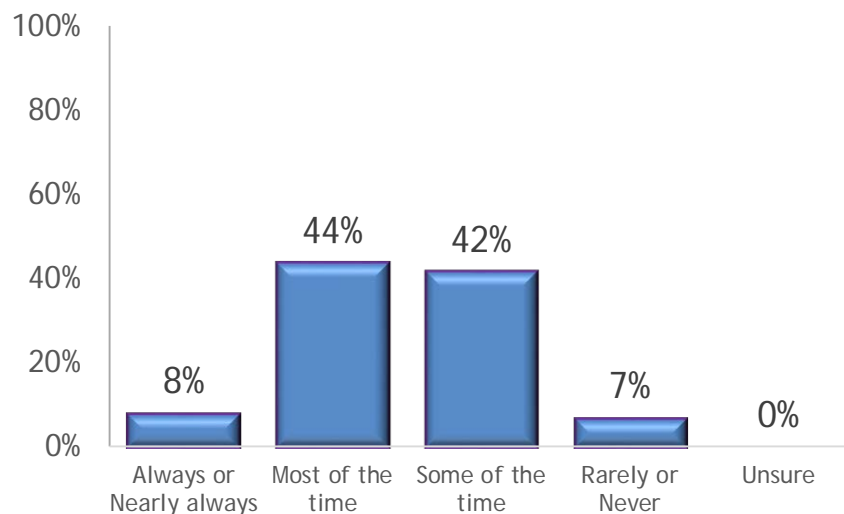


Questions: How frequently do you encounter imaging incidental findings follow-up recommendations for your patients? How much risk do you feel recommendations for the follow-up of incidental findings represent to you as a clinician? BASES:196; 190

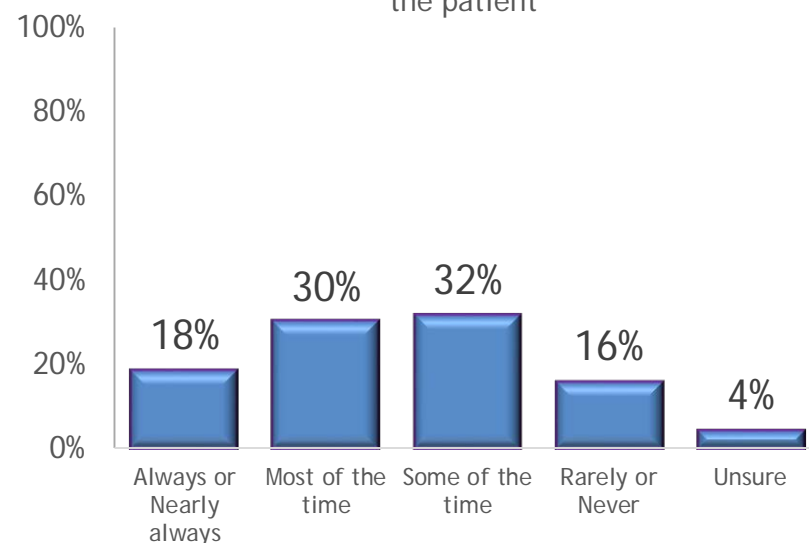
Frequency of clear & actionable radiology reports and containing recommended follow-up in patient instructions

- About half of clinicians feel that radiology reports contain clear and actionable recommendations most if not all of the time
- About half 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?



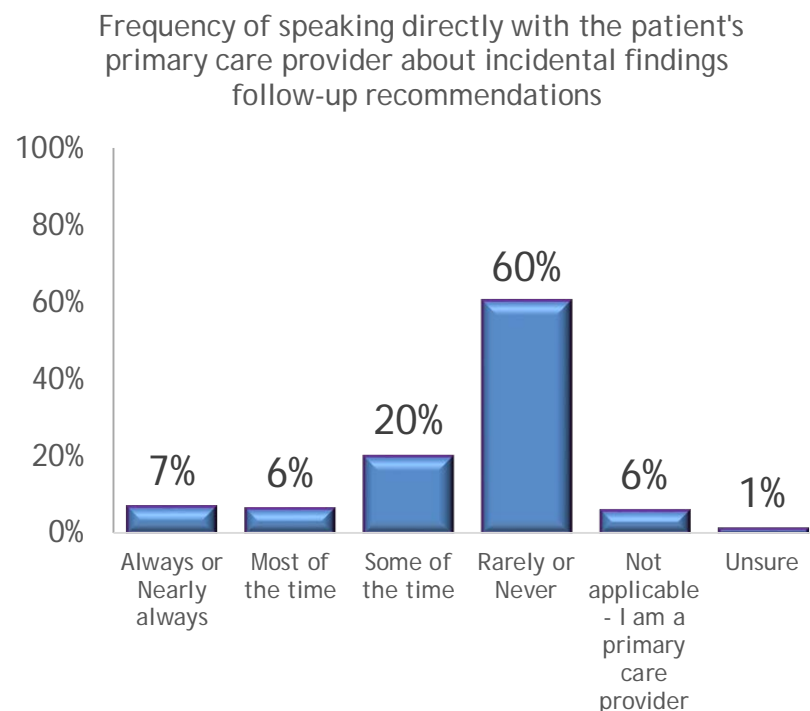
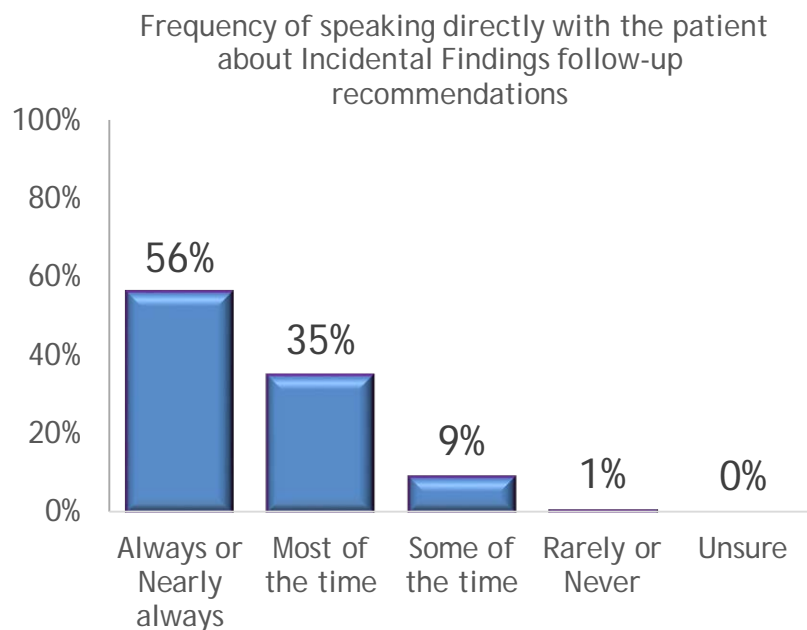
Frequency of the recommended follow-up specifically included in the written instructions to the patient



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: 190

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

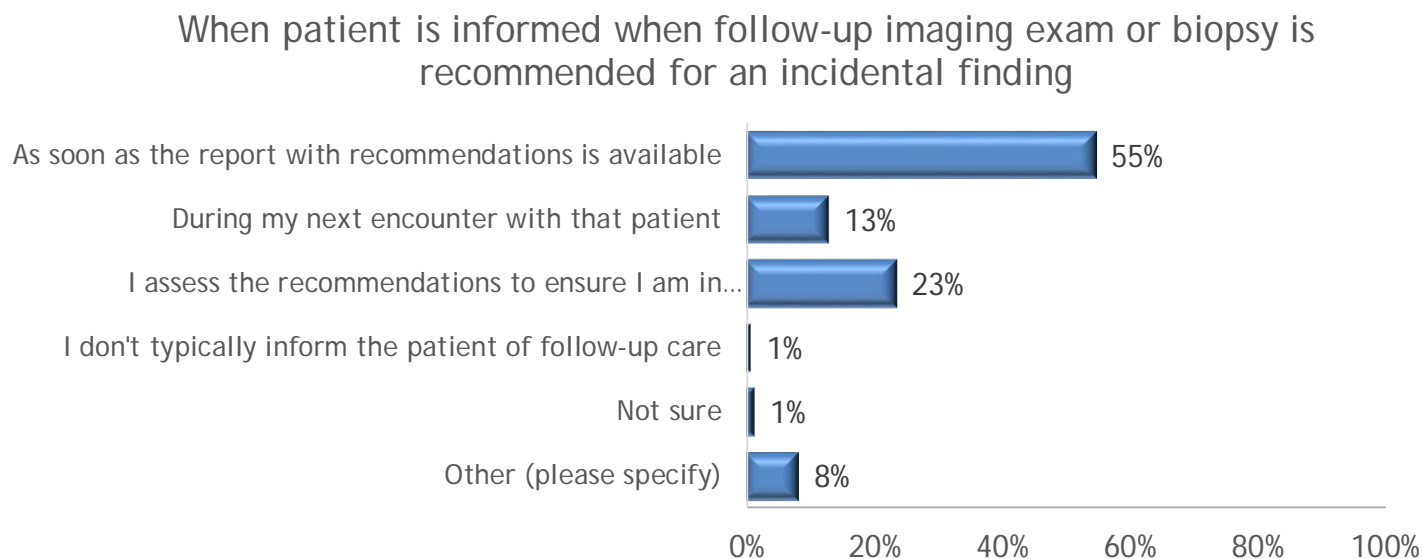
- Nine in ten of clinicians surveyed indicate that they speak with the patient directly most or all of the time
- A majority, however, say they speak routinely with the patient's PCP about incidental findings follow-up



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

When patient is informed when follow-up is recommended

- Half (55%) indicate that the patient is informed as soon as the report with recommendations is available
- About one in ten (13%) indicate they inform the patient at the next encounter with the patient
- One-quarter (23%) communicate with the patient once they themselves read and agree with the recommendations



Questions: If a follow-up imaging exam or biopsy is recommended for an incidental finding, when do you most typically inform the patient? BASE: 189

Responsibility of communicating follow-up recommendations to the Patient

- The majority of clinicians feel that the responsibility of communicating directly with the patient rests with them as the ordering physician/clinician (88% say sole responsibility (4) or (3))
- The PCP is also described as having a lot of responsibility in patient communications (62% rated a "3" or "4")
- Clinicians do not see radiologists having a responsibility of communicating incidental findings recommendations with the patient

Responsibility to communicate follow-up recommendations of incidental findings to *THE PATIENT*

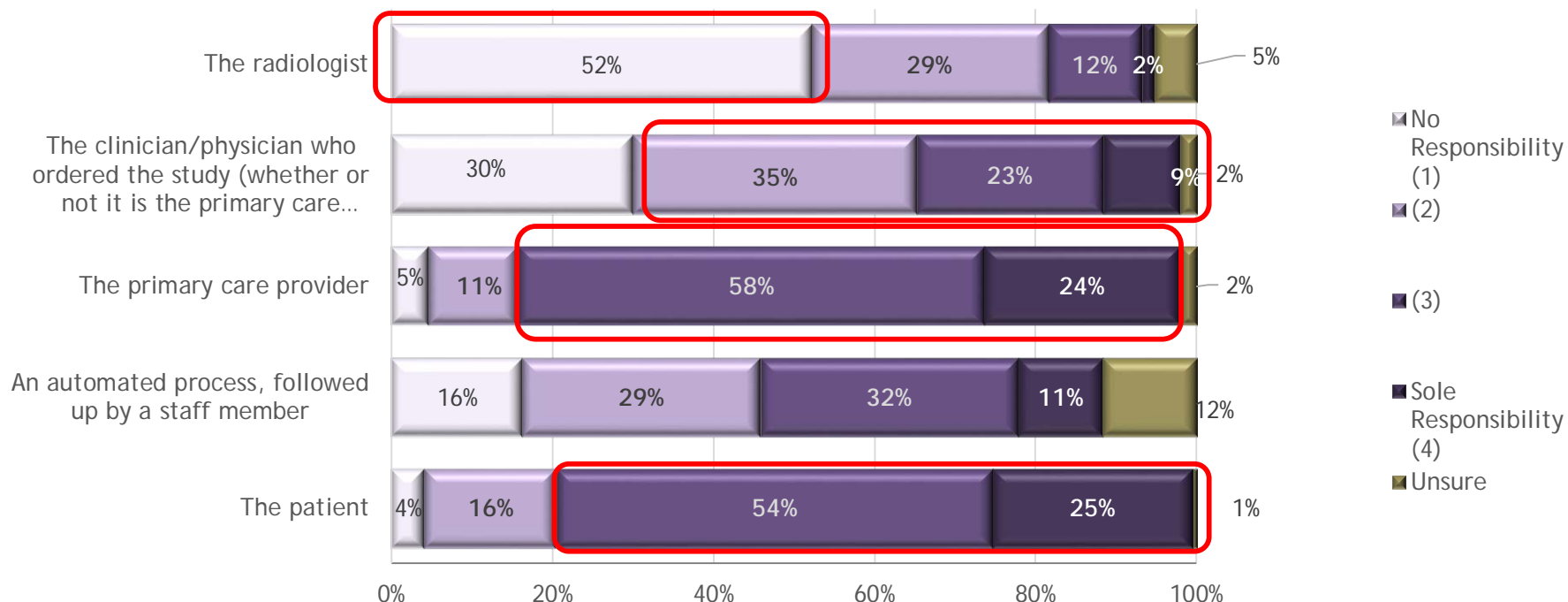


Questions: For the following, please indicate your opinion of the responsibility of each for communicating recommendations for the follow-up of incidental findings to a patient, using a 1 to 4 scale, where 4 is 'sole responsibility' and 1 is 'no responsibility' ; base = 190

Responsibility for *arranging* the recommended follow-up

- Clinicians surveyed are split: a majority feel that either the PCP or the patient are largely responsible for arranging the recommended follow-up
- They do not see the radiologist as having a large role in arranging follow-up
- Uncertainty is highest among the clinicians around the role of an automated process

Responsibility for arranging the recommended follow-up on incidental findings

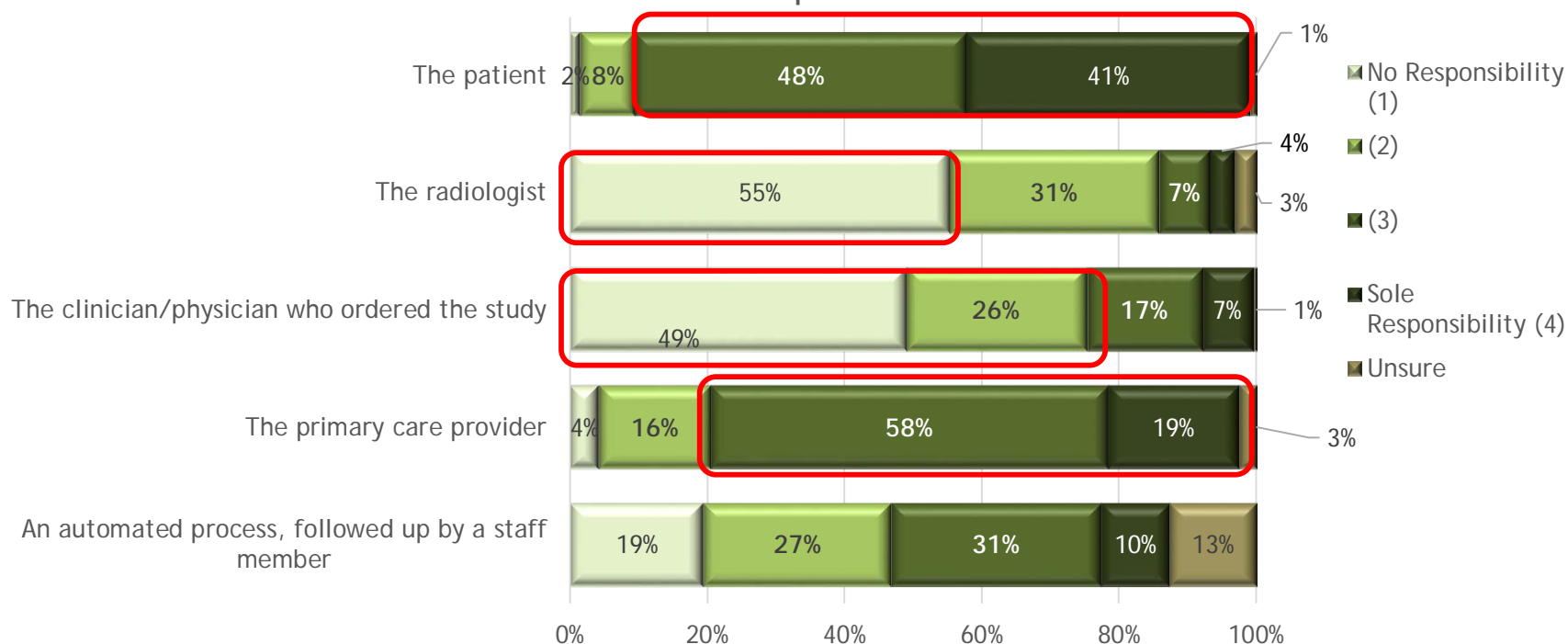


Questions Now, think about arranging the recommended follow-up imaging or biopsy for an incidental finding and your opinion about the responsibility of each to arrange for that follow-up, using the same 1 to 4 scale; base = 190

Responsibility for *assuring* follow-up occurs

- Clinicians believe that either the patient or the PCP are primarily responsible for assuring that the follow-up actually occurs
- They don't necessarily see themselves or the radiologist as those who assure the follow-up has taken place

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 = 190

Barriers experienced implementing a tracking process

- Having the IT infrastructure creates the largest headwind (70%) to implementing a tracking process, followed by administrative abilities/bench strength (52%) , financial resources, compliance issues and culture

Barriers experienced implementing a tracking process

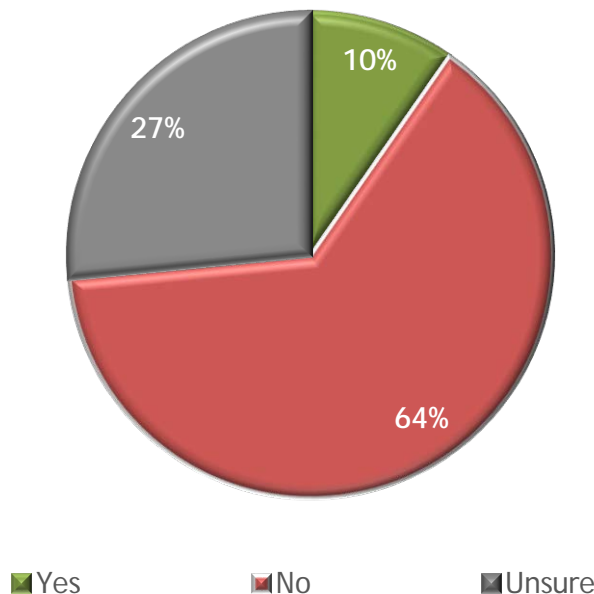


Question: What barriers have you experienced regarding the implementation of a tracking process for radiology-recommended follow-up imaging or biopsy for incidental findings. Please check all that apply. BASE: 190

Incidence of tracking of Incidental findings follow-up

- Currently, one in ten indicate that tracking occurs
- Over six in ten say that tracking incidental findings follow-up does not occur
- Three in ten are unsure if any tracking takes place

Track if Follow-up on Incidental Findings Occur?

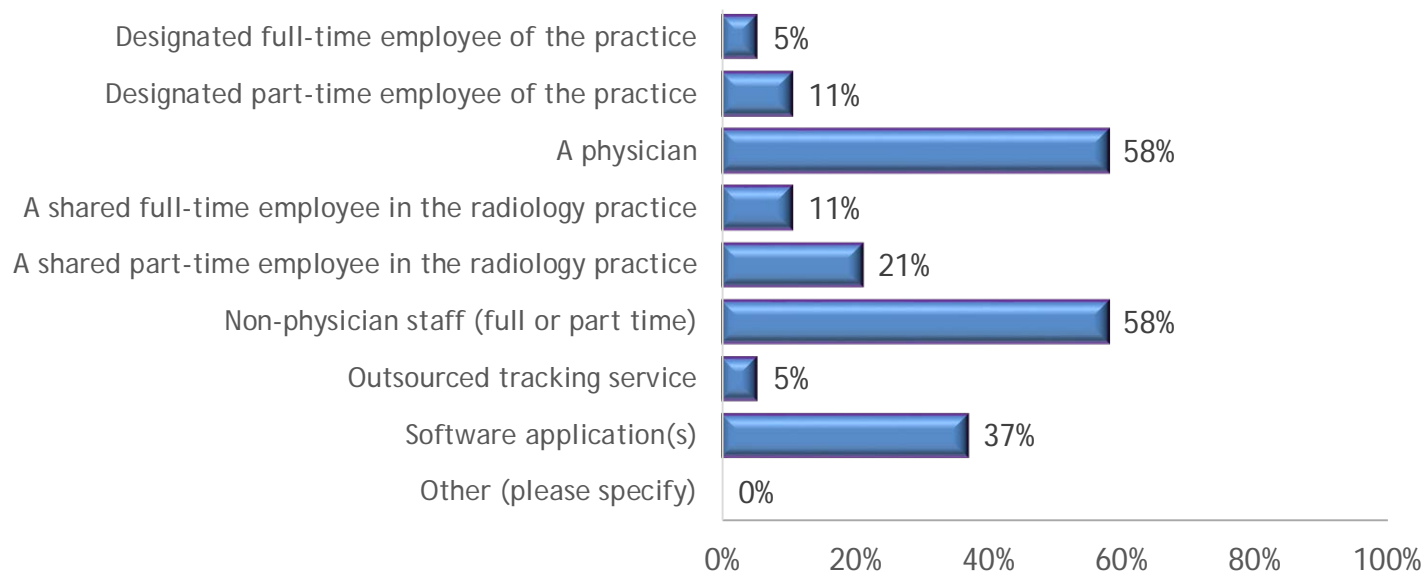


Question: Does your practice/organization track whether or not the follow-up recommendations for incidental findings (imaging or biopsy) occur? BASE: 196

Resources used to track recommendations for follow-up

- Equal proportions of clinicians (58%) stipulate that a physician or a non-physician staff person track recommendations for follow-up
- Four in ten (37%) identify software that tracks recommendations
- Two in ten (21%) indicate a share PT employee in the radiology practice as the primary tracker

Resources employed to track recommendations for follow-up

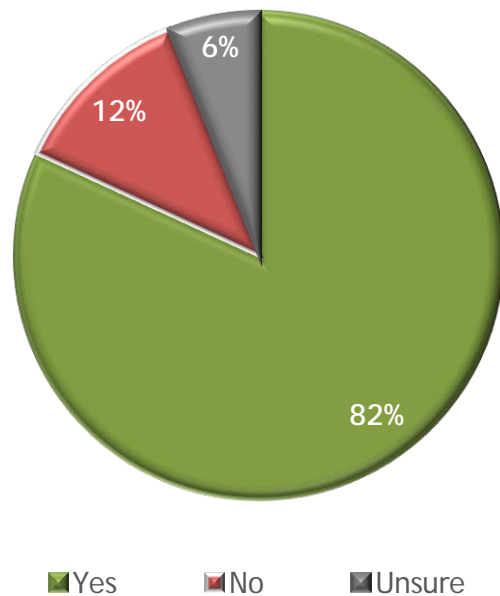


Question: In your practice, what types of resources are employed to track whether or not recommendations for follow-up imaging or biopsy occur?
Please select all that apply.; BASE: 180

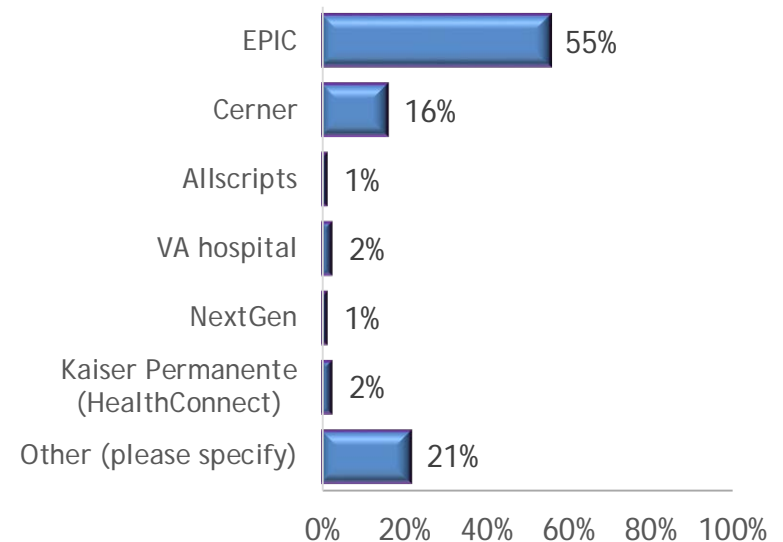
Penetration/Incidence of EMR/EHR

- Eight 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 Organization uses

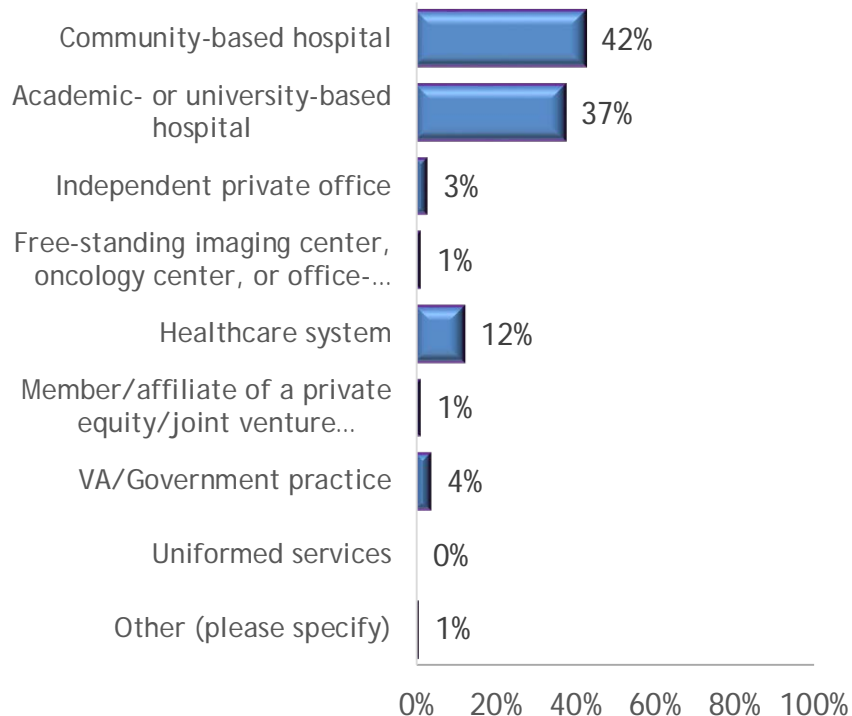


Question: Does your practice own and manage an electronic medical or health record (EMR or EHR)? What EMR or EHR does your practice/organization use? BASE: 199; 163

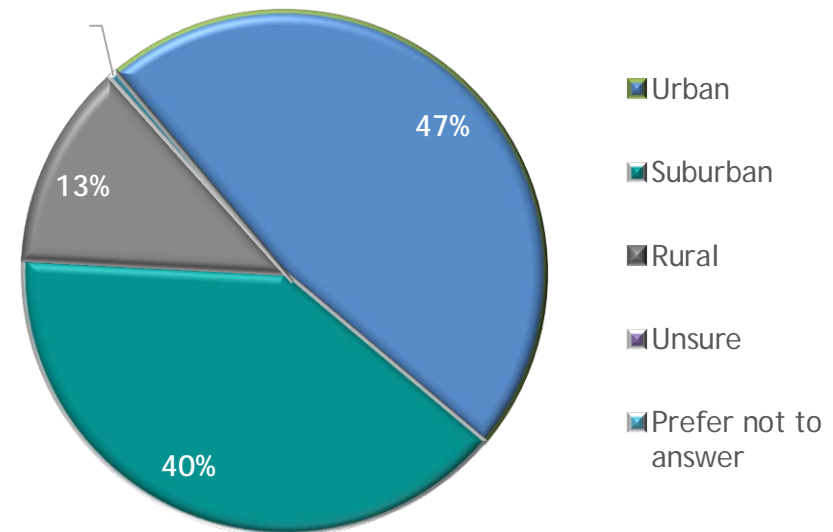
Demographics

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

Work Setting



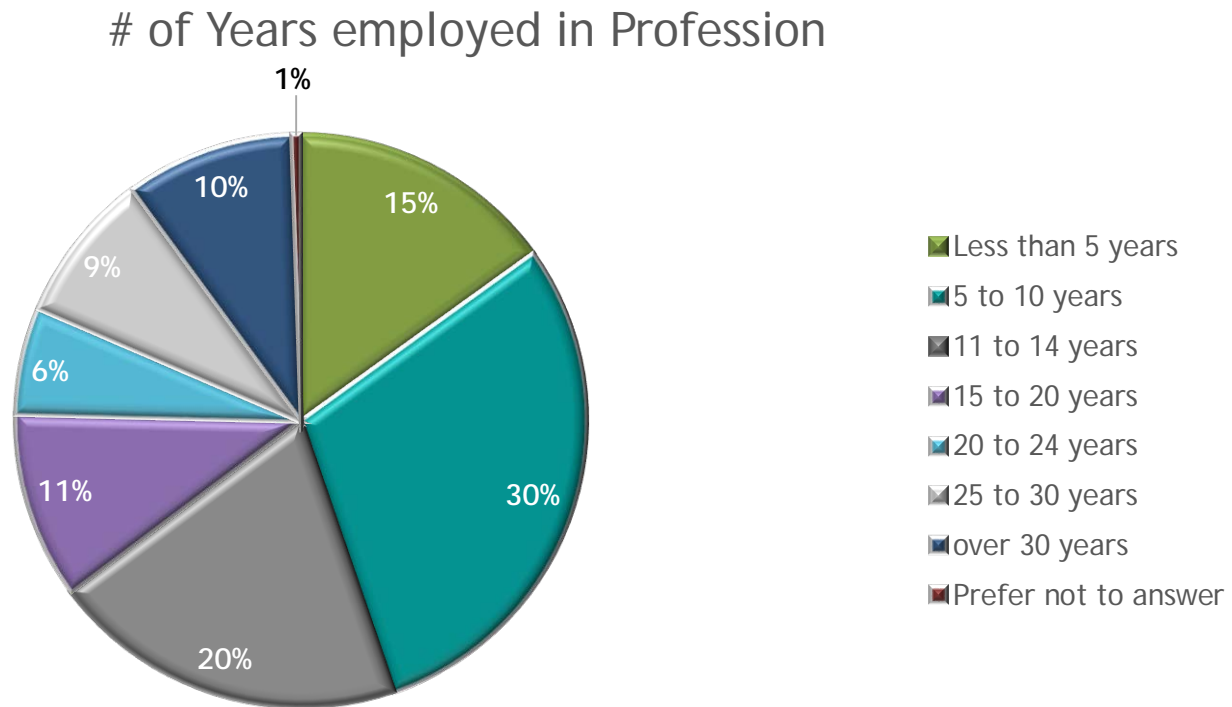
Population Density of work setting



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 = 199

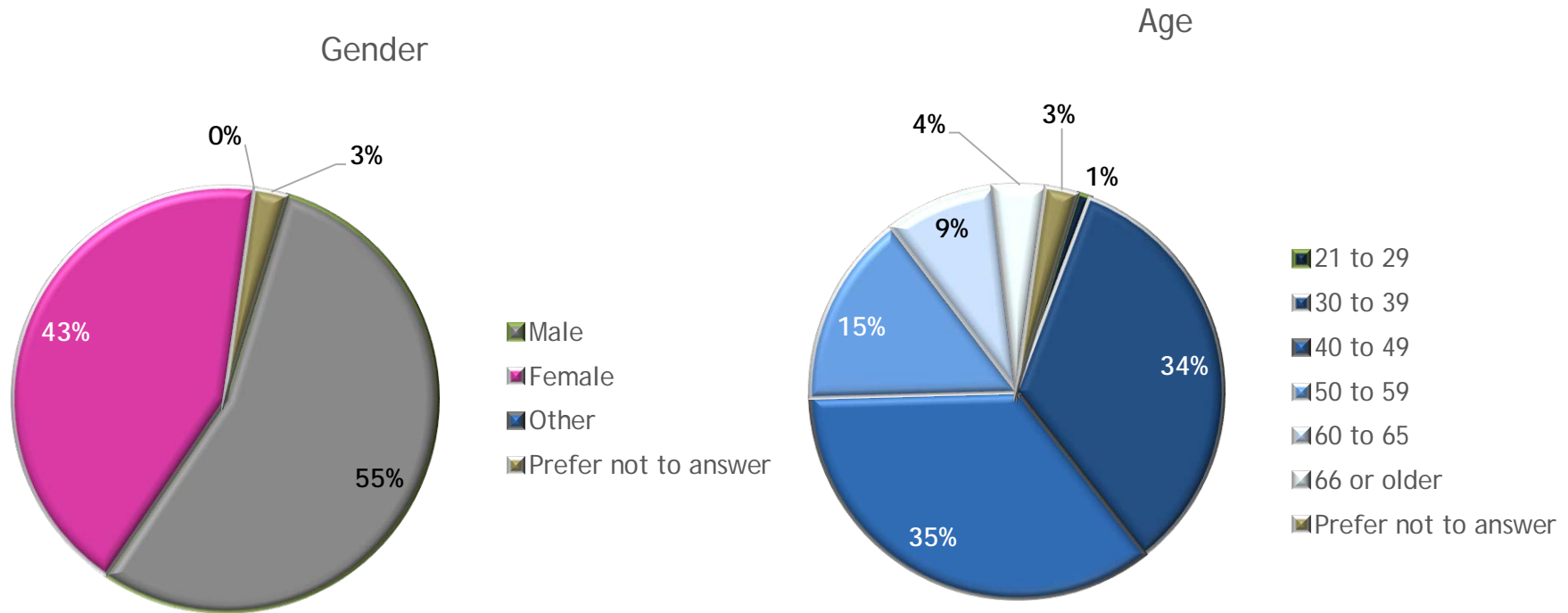
Clinician exhibit a breadth of tenure

- The average number of years clinicians have been actively employed in their profession was 14 years



Questions: What best describes the number of years you have been actively employed in your profession? base = 199

Clinicians are more likely than radiologists to be split M/F; they are an average age of 43.8 years



Questions: Which of the following includes your age? are you...? base = 199