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The Wait for a Scan

Access to diagnostic imaging among adults aged 65 and older in Kansas City

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The typical wait and the longest waits

Among 80 records identifying recent imaging and a known setting, the median recalled wait was 12 days. Sixteen records (20%) described a wait over four weeks. The mean was 20.1 days, the 90th percentile was 59 days and the range was 1–69 days.

Analysis group	Records	Median (IQR), days	Over 14 days	Over 28 days
Recent imaging, known setting	80	12 (5–26.5)	31/80 (38.8%)	16/80 (20.0%)
Including uncertain settings	88	12 (5.75–26)	34/88 (38.6%)	16/88 (18.2%)
All records, any recall period	100	11 (5–25)	35/100 (35.0%)	17/100 (17.0%)

IQR = interquartile range. A wait of exactly 28 days is counted as completed by day 28. The three groups are nested.

Why the denominator matters

The primary group included 30 hospital-only users, 22 independent-center-only users and 28 who used both. Eight more were uncertain of the setting. Another 12 reported no imaging in the past year but could describe an earlier test. Each record contributed one interval, including those from people who used both settings.

Study provenance

The investigator reports transcribing paper questionnaires. The workbook describes simulated records, a random seed and setting-specific scoring assumptions. Original forms or a dated independent export were unavailable to reconcile these accounts. Recruitment at community centers and reliance on recalled dates also limit interpretation. These findings cannot establish population prevalence or an ownership effect.

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The experience at each setting

Survey item	Hospital	Independent	Gap[1]
Timely appointment	29/57 (50.9%)	37/48 (77.1%)	+26.2
Ease of scheduling	36/58 (62.1%)	33/46 (71.7%)	+9.7
Physical convenience	30/54 (55.6%)	41/49 (83.7%)	+28.1
Advance cost information	20/58 (34.5%)	29/45 (64.4%)	+30.0
Timely results	41/57 (71.9%)	35/50 (70.0%)	−1.9

Favorable responses by setting

[1] Gap in percentage points, calculated before rounding. Favorable = agree or strongly agree. Denominators exclude skips and not applicable.

What changed within the same person?

Survey item	Valid pairs	Center higher	Equal	Hospital higher
Timely appointment	27	15	7	5
Ease of scheduling	26	12	8	6
Physical convenience	26	12	10	4
Advance cost information	23	14	8	1
Timely results	27	10	12	5

Twenty-eight people used both settings. A comparison requires two numeric answers for that specific item. Both scores can be favorable even when one is higher.

What the cost gap captures

Among 23 complete cost-rating pairs, 14 favored the center, eight were equal and one favored the hospital. The survey asked whether expected cost was explained before the visit. Prices, actual patient responsibility and estimate accuracy would require separate records.

Source · Tables 1, 5, A1 and A2 of the paper.

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Future preferences and scheduling

Future choice	Records	Recorded reasons
Independent center	65	Closer to home (22) · Lower cost (16) · Parking and convenience (14) · Faster appointment (13)
Hospital	16	Records in one place (7) · Trust in the hospital (5) · Physician referral (4)
No preference	19	Follow the doctor's direction (10) · Earliest available appointment (9)

All 100 records contained one future preference and one reason. The short answers are presented as recorded categories. Original wording and independent thematic coding could not be verified.

Who arranged the last appointment?

Scheduling route	Records (of 100)
Referring office scheduled	39
Respondent called	31
Facility called	15
Portal used	15

National context

A national poll of more than 1,000 older adults found that 35% reported a delay scheduling any health care appointment. Among those reporting a delay, 59% waited over four weeks. Multiplying these rounded figures gives about 21% of all respondents. The local 20% concerns recalled order-to-imaging days among 80 recent users with a known setting. The two measures cannot establish national agreement.

Sources · Survey questions 11–12 and Tables 3, 4, 6 and 7. National poll reported by Stempniak (2026) in Radiology Business.

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The Emrick LOCAL Access Validation Model

Kelly Emrick developed this framework for investigating access concerns with local order and scheduling records.

Step	Operational question and action
Listen	Who is missing from the survey? Include people whose orders are still open and older adults who cannot attend a community center. Ask what happened after the order was placed.
Operationalize	Where does the wait begin and end? Record the order date, clinically intended date, first appropriate slot offered, accepted appointment, completed scan, final report and communication date.
Compare	Which patients experience longer waits? Group orders by modality, urgency and site. Compare the median, 90th percentile and share beyond 28 days. Report open orders separately by age and priority.
Attribute	What explains a prolonged interval? Review appointment supply, incomplete referrals, authorization, transportation and patient preferences. Record multiple contributing reasons when appropriate and retain an unknown category.
Lead	Who owns the follow-up? Have scheduling and referring-service leads review delayed orders monthly. Assign responsibility for a change, then monitor wait times, open orders and delivery of advance estimates.

A proposed 90-day review

Period / owner	Work product
Days 1–30 **Scheduling lead and analyst**	A dated baseline by modality and site, with pending orders and missing fields.
Days 31–60 **Patient access and revenue-cycle leads**	A review of contributing reasons and the share of eligible patients receiving an estimate before the visit.
Days 61–90 **Imaging director and referring-clinician liaison**	A before-and-after review of the denominator, median, long waits and pending orders.

Monthly review. Report median and 90th-percentile waits for completed orders alongside open orders by age and urgency. Track the fraction of eligible scheduled visits receiving an advance estimate. Compare matched estimates with the final patient responsibility.

Emrick, K. (2026). *The wait for a scan: Access to diagnostic imaging among adults aged 65 and older in Kansas City.* Investigative Research Report, Healthcare Leadership Series. Tables 8–9.