

What's next



Healthcare

Solving the issues – Part 2: End-to-end approach to incidental findings closes gap in care delivery

It's not uncommon for patients who have had an imaging exam in their ED following an acute trauma to be informed of an incidental finding, like a lung nodule, for which follow-up imaging is recommended. Then, for some reason, the patient doesn't get the recommended follow-up and returns months or years later with late-stage cancer. The radiology department at Michigan's Saint Joseph Mercy Health System found a way to close this all-too-common care delivery gap. They described their successful end-to-end approach to incidental findings management during a recent Solving the Issues webinar.

Karen Holzberger

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Closing the gap in care delivery: An end-to-end approach to incidental findings

We often hear stories of patients who visit their emergency department and have a chest CT performed, perhaps to rule out pneumonia or check for internal injuries following a car accident. The radiologist clears the patient but identifies an incidental finding—a lung nodule that, for any multitude of reasons, doesn't get the recommended follow-up imaging. The patient returns to the health system months or years later with late-stage lung cancer.

In fact, [one study](#) referred to incidental findings as “a modern medical crisis.” [Another](#) revealed that less than a third of incidental pulmonary nodules received any follow-up at all.

The radiology department at Saint Joseph Mercy Health System found a solution to this issue. They shared their story during our recent *Solving the Issues* webinar series.

“We needed to close this gap in our care delivery,” says Clinical Quality Project Specialist Ruth Raleigh. The team decided it best to couple this effort, capturing and tracking incidental

lung nodules, with the health system's newly approved lung cancer screening program. As part of their broader lung care program, they established a lung nodule clinic to help more Michigan patients find and treat their cancers earlier.

The workflow began with spreadsheets, a dependence on radiologists to manually flag cases and call the film room and a manual communication process. "It was slow, it was time-consuming, and there was no integration with any system. I was the integration," explains Rachel Bush, Radiology Information Systems Coordinator.

Still, the program was gaining traction. What began with tracking 20 cases per month grew to about 150 patients each month. "We got to a point when we needed to add staff and a robust IT solution," says Raleigh.

Improving outcomes with better follow-up care

Ultimately, Saint Joseph Mercy Health System implemented PowerScribe Lung Cancer Screening and PowerScribe Follow-Up Manager, which integrated with their EMR. Together, these solutions have created an intelligent, end-to-end, and flexible approach to efficiently collecting, reporting, and following up on lung cancer screening patients as well as patients with incidental findings.

"Everything is in one place," says Raleigh. "The patient information, notes, letters, radiology exams – everything. This allows our program to be both highly effective and highly visible because we're not only improving outcomes, but we can also report on them too."

As Bush explains, PowerScribe Follow-Up Manager does more than simply track the number of cases. "We can see how many cancers are detected, diagnostic follow-ups, screening volumes, and even the procedures that are generated by the follow-up exams. It's just a brief overview of all that's possible."

The incidental findings program for pulmonary nodules has been so successful—they've achieved a 98% compliance rate—that Raleigh says they're expanding it to encompass all incidental findings. The initiative has been met with positive feedback from Saint Joseph Mercy primary care physicians, who believe it not only helps patients but alleviates some provider burnout as well.

Hear more from Raleigh and Bush about their end-to-end approach to closing the care gap on incidental findings. View [Improving outcomes with better follow up](#), on-demand here.

Tags: [analytics](#), [FailedFollowUp](#), [ImagingFollowUp](#), [IncidentalFindings](#), [LungCancerScreening](#), [QualityAnalytics](#), [radiology](#)

More Information

	<p style="text-align: center;">Close the care delivery gap</p> <p style="text-align: center;">To hear more from Raleigh and Bush about their program's success – or from any of our customers who have shared their stories – register to watch our Solving the Issues fireside chat series here.</p> <p style="text-align: center;">Register now</p>
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About Karen Holzberger

Karen Holzberger is the senior vice president and general manager of Nuance's Healthcare's diagnostic solutions business. Karen joined Nuance in 2014 with more than 15 years of experience in the Healthcare industry. Prior to Nuance, she was the vice president and general manager of Global Radiology Workflow at GE Healthcare where she managed service, implementation, product management and development for mission critical healthcare IT software. Karen attended Stevens Institute of Technology where she earned a B.S in Mechanical Engineering.

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