Improving Patient Follow-Up Imaging Using Artificial Intelligence

JH Yun, PS Wang, MG Cohen, E Richardson, S McMoran, RK Lee, TA Matalon

Department of Radiology

Albert Einstein Medical Center

Philadelphia, PA





More than Medicine

Financial Disclosures

None.

Background

Why recommend follow-up imaging?

- Monitor interval change versus stability
- Characterize abnormalities
- Ensure resolution of disease
- Improve outcomes with earlier diagnosis

Adverse risks of failing to comply:

- Delayed treatment
- Poor patient outcomes
- Additional unnecessary testing
- Lost revenue
- Legal liability

Previously existing compliance analysis of Einstein radiology reports with *pulmonary nodule* follow-up recommendations

24% adherence rate \otimes

...and beyond Einstein?

> <u>12%</u> of potential malignancies not followed up appropriately⁷

> 35% non-adherence rate of follow-up imaging recommendations⁴

Objective

To improve patient compliance rates for follow-up imaging recommendations by implementing a natural language processing (NLP) algorithm and a tracking and reminder system that:

- identifies patients who require follow-up imaging based on radiology reports
- organizes follow-up recommendations by due date
- reminds patients of due or overdue recommendations





is to incorporate as much automation as possible, particularly due to the lack of a nurse navigator.

Methods

- All outpatient diagnostic radiology reports at our institution from January 1, 2020 through April 30, 2021 that generated an Act 112 notification
- Reports processed through a NLP algorithm (Within Health, Brooklyn, NY) to determine the following:
 - Recommended radiologic examination (modality & anatomy)
 - Recommendation due date
 - Specified in the report
 - Assumed to be 3 months from the date of the examination if no time interval was provided
- Compliance Range: defined in accordance with the American College of Radiology (ACR) as the period that begins 30 days before and ends 60 days after the due date
- Expiration Date: defined as 60 days after the due date
- Deemed compliant if recommendations with completed follow-up examinations fell within the compliance range
- Automated tracking and reminder system (Within Health, Brooklyn, NY) to determine if follow-up imaging was scheduled or completed



		Control Group	Intervention Group
Received initial Act 112 letter?		Yes	Yes
Received reminder messages?		No	Yes
Intervention Time Frame (includes all recommendations with expiration dates in this period)		January 1-February 28, 2021	March 1-April 30, 2021
Oct Nov Dec Jan Feb Oct Due Nov Due Dec Due Jan Due Feb Due	Mar Apr Intervention Group Mar Due First messages sent	 Outcome measures: Baseline compliance rate At-risk population Compliance rate in the at-risk population Differences in the compliance rates and percentages of compliance rate change Fisher's exact test and chi-squared test Statistical significance was set at <i>P</i><0.05 	
Term	Definition		
Baseline Compliance Rate	Patients that already had follow-up at the beginning of the designated time period Helps to determine patients at risk of falling out of compliance for follow-up		
At-Risk Population Intervention group received		nd of the adherence range, excluding those already at compliance I a short message service (SMS) communication and then up to 3 ss/until the follow-up examination was completed or scheduled	
Compliance at End of Adherence Range	Ace Range % of recommendations with completed or scheduled follow-ups at the end of the compliance period		

Follow-Up Imaging Compliance Rates



Limitations

- Only outpatients (PA Act 112)
- Heterogenous application of Act 112 amongst radiologists
 - *i.e.,* some recommended follow-up > 3 months
- Not all patients can receive SMS reminders
 - Phone number provided does not belong mobile phone
 - Phone number listed belongs to a family member or friend
- Follow-up data
 - No visibility on follow-up performed at another institution
 - No visibility on compliance if follow-up is not clinically needed per referring provider
- Prior compliance data analysis performed on lung nodule follow-up and pre-COVID using different methodology with mPower analytics
- COVID increased quarantine restrictions and decreased hospital visits

Conclusion

- Implementation of a NLP algorithm and tracking and reminder system provides automation in identifying patients with follow-up imaging recommendations and distributing reminder notifications to patients regarding due or overdue follow-up recommendations.
- Compared to patients who were only informed of follow-up recommendations by a letter at the time of the initial examination, patients receiving additional reminder notifications had significant improvement in compliance with recommended follow-up imaging.

References

- 1. Al-Mutairi A, Meyer AND, Chang P, Singh H. Lack of Timely Follow-Up of Abnormal Imaging Results and Radiologists' Recommendations. J Am Coll Radiol. 2015;12(4):385-389.
- 2. Babu AS and Brooks ML. The Malpractice Liability of Radiology Reports: Minimizing the Risk. Radiographics. 2015; 35(2):547–554.
- 3. Callen JL, Westbrook JI, Georgiou A, Li J. Failure to follow-up test results for ambulatory patients: a systematic review. J Gen Intern Med. 2012 Oct;27(10):1334-48. doi: 10.1007/s11606-011-1949-5. Epub 2011 Dec 20. PMID: 22183961; PMCID: PMC3445672.3
- 4. Lim PS, Schneider D, Sternlieb J, et al. Process improvement for follow-up radiology report recommendations of lung nodules [published correction appears in BMJ Open Qual. 2019 Jul 5;8(3):e000370corr1]. BMJ Open Qual. 2019;8(2):e000370.
- 5. Mabotuwana T, Hall CS, Tieder J, Gunn ML. Improving Quality of Follow-Up Imaging Recommendations in Radiology. AMIA Annu Symp Proc. 2018;2017:1196-1204.
- 6. Naringrekar H, Lee RK, Reilly T. Act 112 and Radiology. J Am Coll Radiol. 2020. https://doi.org/10.1016/j.jacr.2020.09.061
- 7. Sloan CE, Chadalavada SC, Cook TS, Langlotz CP, Schnall MD, Zafar HM. Assessment of follow-up completeness and notification preferences for imaging findings of possible cancer: what happens after radiologists submit their reports?. Acad Radiol. 2014;21(12):1579-1586. doi:10.1016/j.acra.2014.07.006