ORIGINAL ARTICLE

Science to Practice: IT Solutions to Drive Standardized Report Recommendations for Abdominal Aortic Aneurysm Surveillance

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Abstract

Inadequate imaging surveillance has been identified as the most significant contributor to abdominal aortic aneurysm (AAA) rupture. Radiologists can contribute value to patient care and reduce morbidity and mortality related to AAA by incorporating evidence-based management recommendations from the ACR and Society of Vascular Surgery into their report impression. The challenges lie in achieving 100% radiologist compliance to incorporate the recommendations and ensuring that the patient is notified by their provider, the follow-up examination is scheduled, and the patient returns for an imaging test that may be scheduled 3 to 5 years in the future. To address these barriers, radiology quality and informatics leads have harnessed IT solutions to facilitate integration of content, communication of results, and patient follow-up.

Key Words: Abdominal aortic aneurysm, aneurysm surveillance, appropriateness criteria, clinical practice guidelines, standardized reporting

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THE PROBLEM

Paradigms to improve value in radiology include standardization of evidence-based management recommendations as a means of improving patient outcomes [1]. While standardized recommendations for likely benign incidental findings have been an area of value-improvement work, radiologists can increase value and drive measurable reductions in morbidity and mortality by incorporating evidence-based surveillance recommendations for abdominal aortic aneurysm (AAA) in the impression of their reports. Inadequate imaging surveillance has been identified as the most significant contributor to AAA rupture [2]. Failure to image AAA according to evidence-based surveillance guidelines increases mortality, morbidity, and unnecessary expenditure because emergent surgery for AAA is 30% higher in cost than elective repair [3-5].

As such, a number of radiology practices have developed quality improvement initiatives to integrate standardized AAA surveillance recommendations into their reports. The challenges lie in achieving 100% radiologist compliance to incorporate the recommendations and ensuring that the patient is notified by their provider, the follow-up examination is scheduled, and the patient returns for an imaging test that may be scheduled 3 to 5 years in the future. To address these barriers, radiology quality and informatics leads have harnessed IT solutions to facilitate integration of content, communication of results, and patient follow-up.

WHAT WAS DONE

Voice recognition platforms have the capability to create systemwide macros for incidental finding

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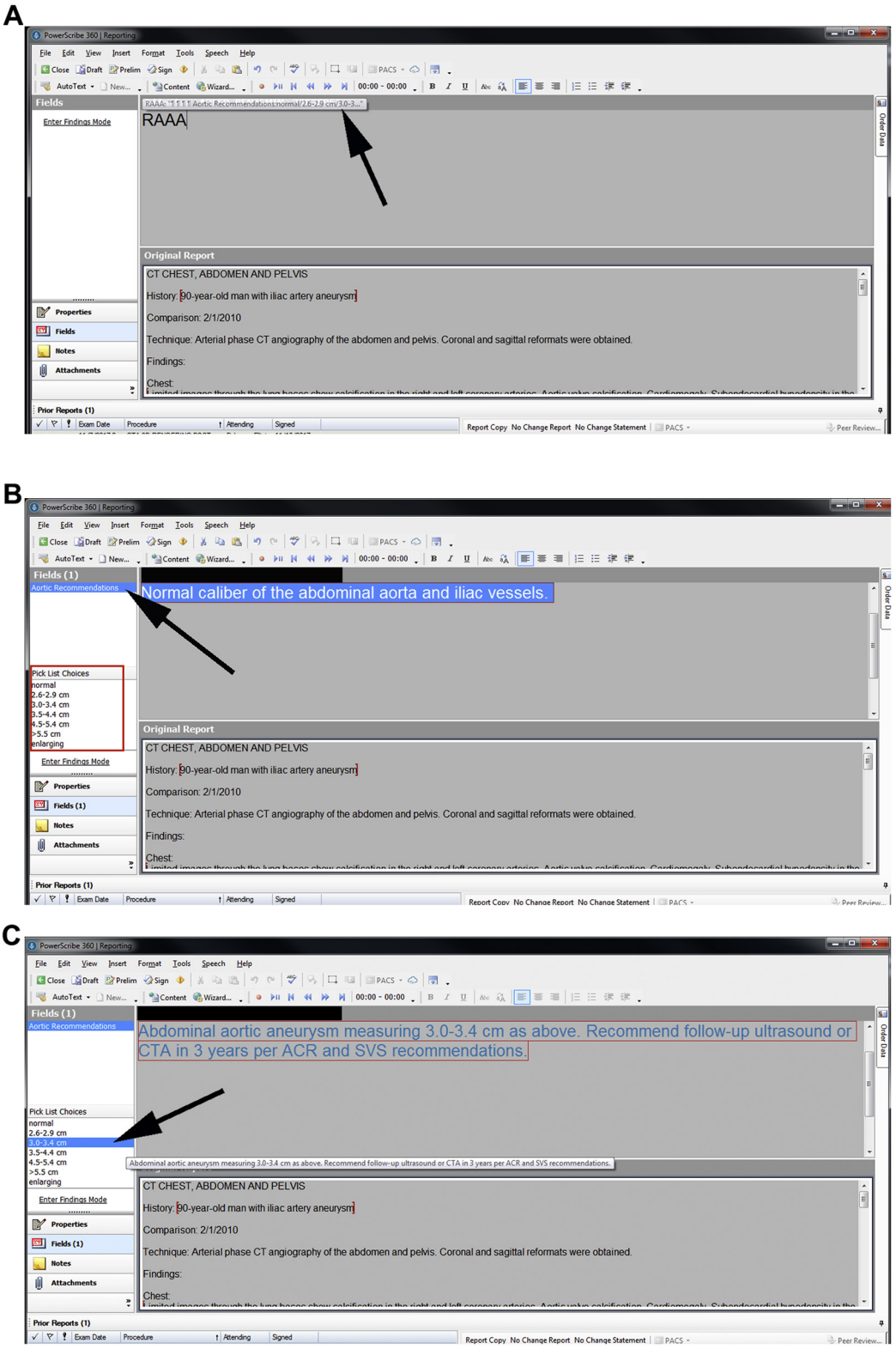

Fig 1. PowerScribe (Nuance, Burlington, Massachusetts) pick list for standardized report recommendations. (A) Pick lists are a set of macros created by radiologists and incorporated into PowerScribe by the IT team. The radiologist calls up the recommendation macro by typing a shortcut (RAAA in this case). A small box (arrows) appears above the text in the report, and the radiologist hits the return key. (B) By clicking on the Field listed in the left-hand column (arrow), a set of recommendations appears under Pick List Choices (red box). (C) Selecting the appropriate recommendation under Pick List Choices pastes it into the impression.

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