The FIND Program: Improving Follow Up of Incidental Imaging Findings

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Introduction:

Incidental findings are findings identified on imaging which are unrelated to the original reason for examination and require follow-up. The Radiology Finding Incidental Disease (FIND) Program was designed to track and improve follow-up of incidental imaging findings. The purpose of this study was to determine the frequency of incidental findings on cross-sectional imaging and the adherence to suggested follow-up of incidental findings prior to and after implementation of a structured reporting and tracking system.

Methods:

A retrospective analysis of 2,000 patients with computed tomographic cross-sectional imaging was performed; 1,000 patients prior to implementation of the FIND Program and 1,000 patients one year after establishment of the program. Data collected included the frequency of incidental findings, inclusion of follow-up recommendations in the radiology report, and adherence to suggested follow-up.

Results:

There was a significantly higher rate of follow-up study recommendation for incidental findings in the post-intervention group (67/70, 95.7%) compared to the pre-intervention group (52/69, 75.4%) (p=0.001). Incidental findings noted on studies for emergency department patients more frequently recommended follow-up imaging in the post-intervention group (97.7%, 42/43) compared to 81.8% (27/33) of studies in the pre-intervention group (p=0.04). Patients in the cohort after implementation of the FIND Program had a higher rate of completing follow-up of 50.7% (34/67) in contrast with the pre-intervention group (16/52, 30.8%) (p=0.03). Emergency department patients with incidental findings for which imaging follow-up was recommended had a higher rate of adherence to follow-up recommendations in the post-implementation group (22/40, 55.0%) compared to the pre-implementation group (5/26, 19.2%).

Conclusion:

Implementation of an incidental findings tracking program resulted in improved follow-up of incidental imaging findings. This has the potential to reduce the burden of clinically significant incidental findings possibly resulting in later presentation of advanced disease.



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