Using AI and Natural Language Processing To Identify Imaging Follow-up Recommendations

Adam Kirell Michael Rozenfeld, DO

RSNA

November 28-December 2, 2021

Chicago, IL, USA

Introduction: This study investigates the effectiveness of AI for tracking follow-up recommendations – Why?

>50%

of (non-urgent) follow-up recommendations **are delayed or completed missed** Bad for Patients

missed follow-up recommendations per year

80k

Unnecessary deaths per year

Bad for Providers

\$150B+

missed revenue opportunity

1 in 5 malpractice cases TABLE

RESULTS

CONCLUSIONS

Hypothesis: AI, NLP and automation can accurately classify reports in less time than manual tagging

Accurately Identify Recommendations

The AI and NLP algorithm will accurately identify dictated follow-ups by extracting key data from radiology report text

We anticipated the algorithm maintaining >90%

true positive rate when compared with the gold standard of manual tagging

Faster than Manual Tagging

Automation will allow the algorithm to process the same number of reports as a human with significantly less time and effort

We anticipated the algorithm processing reports



faster than a human

Methods: Rules based NLP Algorithm vs trained human staff tagging radiology reports

1392 randomized radiology reports selected for analysis

Dictated by board certified radiologists at a single academic hospital system

Rules based NLP (Within Health, NY, <u>www.seewithin.co</u>) applied to reports

5 rules were applied to determine if a recommendation was present - Table 1

Manual tagging

3 staff members trained on NLP rules, read and tagged all reports

Accuracy & Time measured

Compared accuracy & processing time of NLP to manual tagging

Table 1: Rules used to determine if a recommendation is present in the radiology report

Table 1: NLP Inclusion and Exclusion criteria for determining if an imaging recommendation is present		
Rule 1	Include cases that specifically recommend follow-up imaging (e.g. "CT", "MRI", "imaging")	
Rule 2	Include cases that recommend interventional procedures (e.g. "FNA)	
Rule 3	Track each recommendation separately if report includes multiple recommendations	
Rule 4	Exclude cases that don't recommend follow-up imaging (e.g. "per guidelines", "per protocol")	
Rule 5	Exclude follow-up recommendations for direct visualization, biopsies without imaging, or other specialty visits	

Results: NLP accurately identified recommendations in significantly less time than humans

NLP Accurately Identified 98.2% of recommendations

Table 2	NLP Classified Positive	NLP Classified Negative
Manual Positive (738)	725 (98.2%)	13 (1.8%)
Manual Negative (654)	147 (22.5%)	507 (77.5%)

Sensitivity: 98.2% Specificity: 77.5%

NLP Processing in 55 seconds vs 93 hours for manual tagging

Table 3	Processing Time	
NLP Tagging	.015 hours (55 seconds)	
Manual Tagging	93 hours	

Reports processed > 6000x faster by NLP than humans

Manually tagged reports required 4 minutes per report

Conclusions: Emerging technologies such as AI and NLP can be accurate and useful in radiology workflows

AI & NLP is accurate for identifying recommendations and associated details (time, modality, anatomy etc.)

AI & NLP can reduce time needed to identify at-risk patients and target them for intervention

Automation can compliment manual workflows and significantly reduce admin time TABLE 1

RESULTS

Real World Applications: AI & NLP can have a major impact on patient care and provider practices



Thank You

To learn more, please reach out

Adam Kirell, CEO, Within Health, <u>adam@seewithin.co</u> Michael Rozenfeld, DO, <u>mikerozenfeld@gmail.com</u>

References

Tejal K Gandhi 1, Allen Kachalia, Eric J Thomas et al. Missed and delayed diagnoses in the ambulatory setting: a study of closed malpractice claims. NIH Website. https://pubmed.ncbi.nlm.nih.gov/17015866/. Published Oct 2006. Accessed Oct 2021.

Ateev Mehrotra, Christopher B Forrest, and Caroline Y Lin. Dropping the Baton: Specialty Referrals in the United States. NIH Website. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3160594/. Published March 2011. Accessed October 2021.

Patient Leakage Represents a 10% Revenue Loss to Healthcare Facilities. Orbograph Website. https://orbograph.com/patient-leakage-represents-a-10-revenue-loss-to-healthcare-facilities/. Accessed October 2021.