



# Geisinger

## System for Tracking Abnormalities of Importance Reliably (STAIR) Program

#### Background

Prior to the STAIR program, there was a failure to reliably follow up on abnormalities with patients experiencing pulmonary nodules, with a follow-through failure rate of about 20%. The STAIR program started as a pilot and demonstrated improved clinical outcomes and streamlined referral processes. Geisinger has expanded this to a formal program for pulmonology disease with plans to scale the program to other disease states and to integrate automation into its abnormalities identification process.

#### STAIR Program Objectives

- Reliably track abnormalities related to potential cancer or unstable vascular structures
- Improve access, efficiency, and quality of care and ensure the proper care plan is followed by patients
- Standardize the process of recognizing and tracking pulmonary nodules across the patient population

### **STAIR Program Process** Referral **Test Result Identify** Not a STAIR ← Register, Validate, Reconcile → STAIR Duplicate Designate Designate as STAIR Abnormality Set Care Plan/Time Frame **Evaluate** Display/Update in EHR

Care Plan

Final Outcome

Patients are referred using a STAIR referral order and/or identified directly from the Radiology report.

Defined abnormalities of importance: Non-emergent findings of potential cancer or unstable vascular structure (nodules, cysts, masses, abnormal pathologies, aneurysms).

The Coordinator engages the patient and assembles the information needed. The Subject Matter Expert Team reviews the case and formulates a guideline- and patient-centered care plan. The care plan is ordered and communicated to the patient and their provider.

The care plan is tracked until 1) the care plan is completed - the STAIR evaluation cycle repeats and a new care plan is created OR 2) the care plan is overdue - the Coordinator contacts the patient to reinvigorate the care plan OR 3) the patient reaches their final outcome - the outcome is recorded and the patient is transferred back to usual care. There are plans to expand the program to other disease states, including abdominal aortic aneurysms and abnormal cervical cancer screenings.

#### STAIR Program Results to Date

- 2,942 patients have completed the initial STAIR evaluation and only 11.9% needed a pulmonary visit
- Improved access by creating an additional 2,592 new patient slots
- Time to care plan reduced from 112 days to 8 days
- 1,719 patients, or 58%, have reached a final outcome
- 167 patients, or 10%, were diagnosed with malignancy
- Time to malignancy diagnosis ranged from 5 days to 635 days

#### Key Learnings

Track

Address

Traditional health care is complex and unreliable

STAIR is a novel, effective, and sustainable solution

STAIR is efficient, effective, reliable and provider/patient centered centered

Model can be adopted by any health care system