

# Managing Patients With Pulmonary Nodules:

Redesigning a System to Achieve the “Three Rights” –Right Care/ Right Setting/ Right Time

## BACKGROUND

**The Problem:** The traditional specialty consultation process is inefficient and results in significant waste. The team redesigned their appointment scheduling process to create an **alternative consultation model** to address this issue, creating a scalable solution for other systems and specialties.

### TRADITIONAL MODEL

Patients are scheduled for the next available appointment

Reactive	Delayed Access
Patients receive unnecessary tests	
Care follow-through failure	

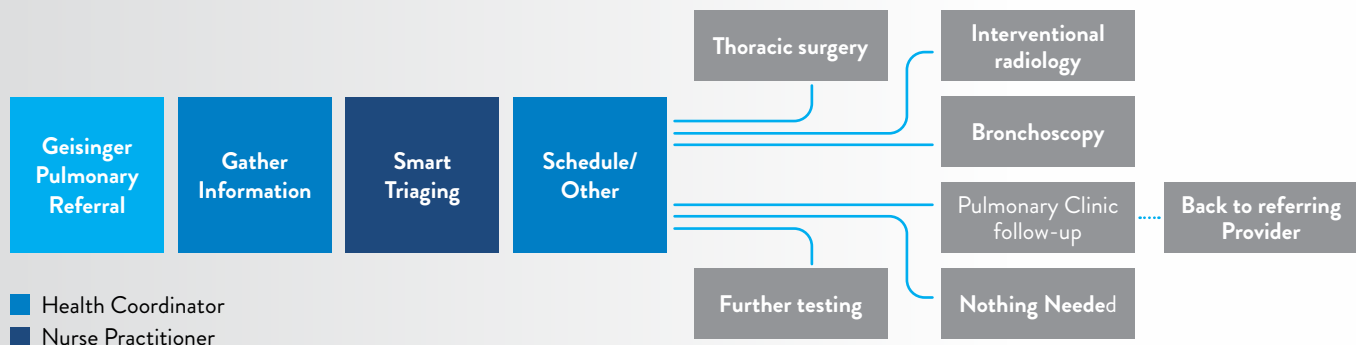


### ALTERNATIVE CONSULTATION MODEL

A four-step proactive and patient centered process

Proactive	Increased Access
Decreased waste	Reduced Cost
Increased surgical/procedural yield	

## THE ALTERNATIVE CONSULTATIVE MODEL PROCESS



## RESULTS

Category	Variable	Baseline	Final
Access	Time to be seen (days)	44	3.3
	Time to care plan (days)	112	7.6
Utilization	# of High-end x-rays/patient (mean)	1	0.1
Efficiency	Provider time needed per referral (Min)	60 Min	50 Min



### RESOURCES FOR OTHER SYSTEMS

The appendix contains all materials to reproduce the project, including:

#### EHR Build

- Reason for Referral Button
- Telephone Encounter Reasons
- Communication Pools
- SmartPhrase Documentation
- Patient Outreach Letter Templates

#### Spreadsheet Build

#### Training Documents

FOR MORE  
INFORMATION



Read the full case study on the NEJM Catalyst [here](#)



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