

# From Finding to Follow-Through: How Lifepoint Health Drove Breast Care Adherence



## Executive Summary

**Across more than 50 hospitals and nine EHRs, Lifepoint unified breast cancer screening and incidental findings, increased follow-up adherence, and drove downstream volumes.**

In 2023, Lifepoint Health had breast cancer screening programs running across its large network of community hospitals, spanning rural and non-rural areas and multiple EHRs. Each facility had built its own way of keeping track of the patients and documentation on top of a full exam schedule. It worked locally, but at the enterprise level, there was limited visibility into patient return rates and no answer to the question: is every patient getting the follow-up they need?

Lifepoint set out to establish a system-wide approach with Eon to catch all abnormal breast findings and ensure they made it to follow-up. Most breast cancer programs stop at the patients who are screening-eligible. Lifepoint designed a program that brought patients with incidentally identified breast abnormalities into the same standard of care as screening patients.

Three years in, more patients are identified and carried through to appropriate follow-up at higher return rates than the national average, and downstream care drives meaningful revenue to sustain and grow the program going forward.

### Healthy Breast Program Follow-Up Impact (Mar 2023-Aug 2026)

**15.8 pp**

Improvement in annual  
screening adherence

**87.8%**

Patients completed  
Biopsy for BI-RADS 4A

**342,095**

Total downstream  
services

# One of the Nation's Leading Community Hospital Networks

Like many large health networks, Lifepoint Health faced the difficulties of disparate operations and resource constraints which limited the capacity of their breast cancer program. They needed a systematic way to address them. So in 2021, building on its Healthy Lung Program, Lifepoint Health extended its partnership with Eon to breast, one of seven disease cohorts in a five-year collaboration to establish Lifepoint's Healthy Person Program.



**Lifepoint Health**

**68**

community hospital  
campuses

**70+**

rehabilitation and  
behavioral health hospitals

**300**

additional sites  
of care

**7,860**

staffed beds

**2.4M+**

annual radiology volume

**34**

states

**9**

different EHRs, including  
Epic and Cerner

**52**

facilities live with Eon  
Breast (during study)

# Each Facility Had Its Own Way Of Tracking Patients

At the time, each facility tracked follow-up on its own. Sites kept recall lists on paper or in spreadsheets, without visibility between hospitals. Similarly, Mammography Quality Standards Act (MQSA) documentation was managed by hand, largely by technologists. Because that work competed directly with imaging time, the administrative burden cut into imaging capacity and patient access.

The different approaches that made patients hard to track also made the program hard to measure. Across nine different EHRs and imaging technology that varied by site, having visibility into how many patients were overdue and where was a challenge at the system level.

Lifepoint facilities only tracked patients who were eligible for screening, but they recognized the need to track patients whose breast findings turned up incidentally. Closing that gap meant a new workflow and more volume without additional resources.

Before Eon, 63% of patients whose follow-up had come due returned within the clinical window. For routine annual screening, it was 51%. These return rates sat within the range reported by the American College of Radiology (ACR), indicating that Lifepoint was not an outlier. It's a challenge health systems across the country share.

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***“Every hospital had worked out its own way of keeping track, and most of it was by hand. Our mammo techs were spending a good part of the day on documentation instead of performing imaging on patients. We also knew we were not covering the incidental side and did not have the necessary people and resources to expand our scope.”***

*Bart Daugherty, VP, Clinical Technology & Systems, Lifepoint Health*

# Building One Standard of Breast Care Across 52 Facilities

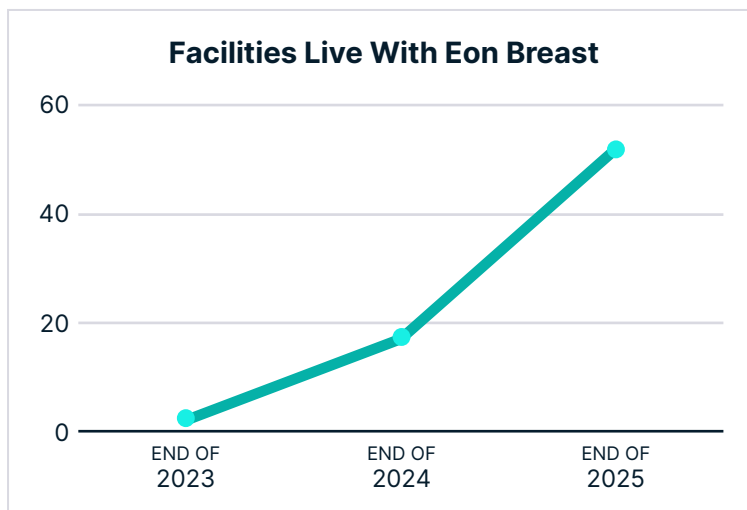
Over two and a half years, from March 2023 to December 2025, Lifepoint went live with Eon Breast across 52 facilities.

With Eon, Lifepoint replaced the facility-by-facility approach with one centralized, standardized infrastructure that works across all nine EHRs and the picture archiving and communication systems (PACS) behind them. Lifepoint uses Eon's platform to analyze every

radiology report, extract and standardize the key clinical attributes, and enrich them with relevant patient risk factors from the EHR. The result is a trusted clinical foundation for the next step in care for every patient with an abnormal breast finding, whether it came from screening or turned up incidentally.

From there, the platform follows the radiologist's recommendation when there is one, or provides a guideline-aligned recommendation — an annual screening, a prompt workup, six-month surveillance, or a biopsy. Every patient gets a clear next step with a date, and the system tracks whether that step happens. When the next step looks at risk of not happening, a navigator reaches out to the patient and care team to keep care on track.

Just as important, the new approach restored capacity to mammography technologists by automating and offloading administrative tasks. MQSA documentation and patient communication now happen automatically, supported by Eon Breast Care Navigators, so Lifepoint care teams can focus on what matters most: caring for patients.



# More Patients Reached, More Returned: Measurable System-Wide Impact

Since go-live, Lifepoint has transformed breast cancer program follow-up across its network. The health system has found and tracked 338,723 patients with breast abnormalities that needed follow-up, across both screening and incidental cohorts, and increased follow-up completion rates across every finding type. As the program matures, more patients are managed through it, and more are coming back year over year.

## Identifying More Patients Who Need Follow-up

Of the 338,723 Lifepoint patients identified with an abnormal breast finding requiring follow-up care, the vast majority came through screening. But 3,687 were identified incidentally, as a result of imaging ordered for something else entirely. Lifepoint's visibility into this population was essential because patients identified incidentally bear a disproportionate cancer burden. They are 6.2 times more likely to be diagnosed with cancer than screening patients, and more than half of incidental cancer diagnoses were among patients traditionally [not eligible for routine screening](#). It's a clear reminder of why structured follow-up has to extend beyond traditional screening pathways. Now, patients from both pathways are managed longitudinally in one centralized system that gives care teams visibility into newly identified and returning patients across the enterprise.

### Patients With Incidental Breast Findings Compared to Screening Patients:

**1.3X** more likely to already be high-risk at identification

**6.2X** more likely to be diagnosed with breast cancer

**>50%** of incidental cancer diagnoses occurred in patients ineligible for routine screening



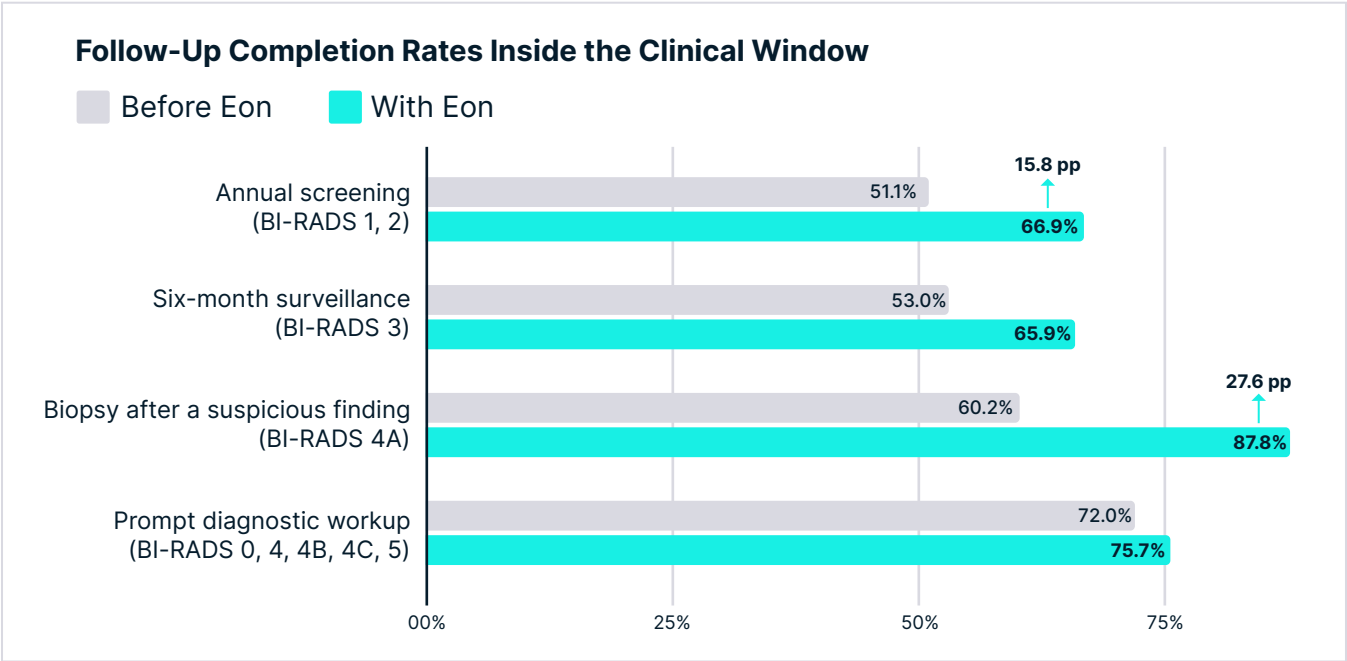
### PATIENT STORY

**Cohort:** Breast — Incidental | **Finding:** 2 cm x 1 cm breast abnormality | **Date:** Feb 2026

*A woman in her late 30s underwent a CT scan of the abdomen and pelvis during an ED visit for abdominal pain. Although the imaging was focused on her symptoms, it also revealed an incidental suspicious finding in her right breast. Because the patient had never previously undergone breast imaging, this unexpected finding became an important start into breast care. Follow-up diagnostic imaging was completed in March 2026 with an ultrasound scheduled six months later.*

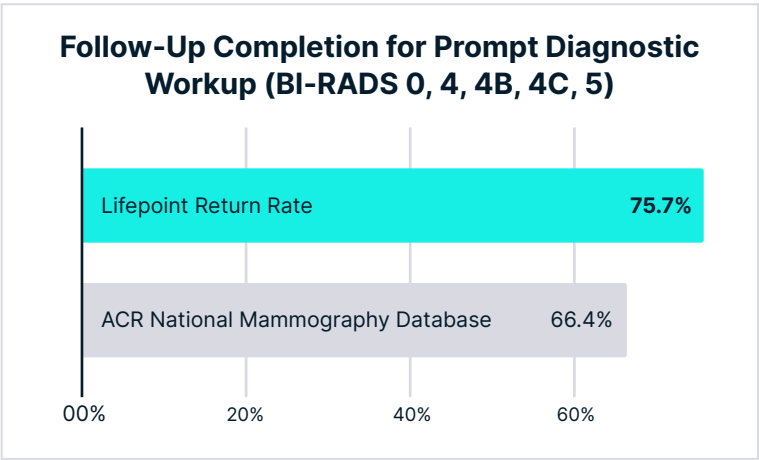
# Increasing Patient Return Rates

Finding more patients and freeing up care team capacity only changes clinical outcomes and downstream impact if patients come back for follow-up care. At Lifepoint, they did. Comparing the same facilities before and after go-live, return rates rose across every category tracked. Biopsy completion after a suspicious finding climbed from 60.2% to 87.8%, and annual screening, by far the largest population in the program, improved almost 16 percentage points.



Lifepoint also outperformed the national benchmark: 75.7% of Lifepoint patients with a suspicious or incomplete result returned for an on-time diagnostic workup, well above the 66.4% the ACR National Mammography Database found. And Lifepoint held itself to a stricter standard. Its on-time window is 45 days compared with the 60 to 90-day window the ACR measure allows.

The flip side of return rates is the patients who never come back at all, and by that measure, the program performs just as well. Only 0.96% of the patients it identified were ever closed as lost to follow-up. From return rates to lost-to-follow-up, patient visibility and program performance are now measured consistently across the system, so no one falls out of view.



## Restoring Capacity For Staff and Patients

Before Eon, managing both screening patients and patients with incidental breast findings over time would have overburdened Lifepoint's care teams. Now it's not only possible — it actually returns capacity to those teams. Eon Breast workflow automations and Breast Care Navigators significantly reduce the time-consuming administrative work that used to fall on technologists. On average, the program generated 40,000 automated patient letters and 33,000 patient calls per month. Lifepoint reports about four hours of staff capacity returned per site each week, and mammography appointments cut from 30 minutes to 15. That time now goes to imaging instead of paperwork.

**40K**

patient letters automated  
per month on average

**33K**

patient calls completed  
per month on average

**4 hrs**

staff capacity returned  
per week, per site

**30→15**

minutes per mammography  
appointment

## Driving Sustained Downstream Care

As more patients are identified and return for follow-up in-network, downstream exams and procedures climb. Rather than leveling off, those exams accumulate, because each year's new patients join a population still under active surveillance from years before. Since go-live, the program has been associated with 342,095 downstream services at Lifepoint facilities, covering screening and diagnostic mammography, ultrasound, MRI, biopsy, pathology, surgery, among others.

Lifepoint now has visibility into the continued growth at individual hospitals and across their network as the program has matured. At the two facilities live the longest, the program now accounts for 62% and 63% of all breast imaging volume.

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***“A radiologist can flag something perfectly, and it still doesn’t help the patient if they never come back for the biopsy. That was the part we couldn’t see before. Now I can look at any facility in the network and tell you who’s overdue and whether somebody’s reached out to them.”***

*Tiffany Dean, Director,  
Healthy Person Program,  
Lifepoint Health*





## PATIENT STORY

**Cohort:** Breast — Screening | **Date:** March 2026

*A patient with a history of benign breast biopsy findings was at high risk of being lost to follow-up after missing her 2025 screening mammogram.*

*An Eon navigator identified the overdue gap in care and contacted the patient to provide guidance on the importance of continued monitoring. The navigator facilitated a three-way call with scheduling to remove access barriers and secure an appointment. As a result, the patient completed her follow-up mammogram in March 2026, restoring her routine imaging timeline with a next expected March 2027 mammogram.*

Every one of those services is care delivered inside the network, at the hospital where the finding was first documented. For a system whose hospitals are often the only ones in their communities, keeping that care local carries both clinical and financial weight. These are the services a breast service line runs on, and keeping them local is part of how that care stays available to the community.

Breast is one of seven disease cohorts in Lifepoint's Healthy Person Program, alongside lung, pancreas, liver, aortic aneurysms, coronary artery calcification, and thyroid. Each cohort is built on the same principle: a finding only matters if the patient it belongs to gets the care that follows from it. Three years after Lifepoint's first breast program, that principle is now at work in more than 50 hospitals, standing behind the majority of the network's breast imaging volume and setting a new standard for breast cancer follow-up.

## About Lifepoint Health

Lifepoint Health is a leading healthcare provider that serves patients, clinicians, communities and partner organizations across the healthcare continuum. Driven by a mission of making communities healthier®, the company has a growing diversified healthcare delivery network comprised of nearly 59,000 dedicated employees, 68 community hospital campuses, 70+ rehabilitation and behavioral health hospitals and more than 300 additional sites of care, including managed acute rehabilitation units, outpatient centers and post-acute care facilities. For more information about the company, visit [www.LifepointHealth.net](http://www.LifepointHealth.net).



## About Eon

Eon is a healthcare technology company focused on supporting health systems in the identification and ongoing management of patients at risk of cancer and other life-threatening conditions. Powered by condition-specific clinical AI, Eon's longitudinal care management platform extracts incidental findings documented in radiology reports and helps ensure patients receive timely, guideline-based follow-up and remain in appropriate surveillance over time. More than 70 health systems across over 1,200 facilities rely on Eon and its care management services to scale early detection programs, enable earlier diagnosis and treatment, and support sustained patient engagement—outcomes that also carry meaningful financial implications for health systems.

## Ready to Transform Your Breast Cancer Program?

See how Eon can help your health system achieve results like Lifepoint's.

Request a consultation and learn more at [eonhealth.com](https://eonhealth.com)