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Why Butts Matter: A Primary Care Approach to Lung Cancer Screening

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INTRODUCTION

- CMS has been covering Low-Dose CT (LDCT) Scan for Lung Cancer Screening Since 2015.
- Despite a USPSTF grade B determination and both national and local efforts, lung cancer screening rates at our network are consistent with national rates of 2%-3% of the eligible population (patients age 55-80 years who have at least 30 pack-years smoking history and currently smoke or have quit with in the past 15 years).

OBJECTIVES

 To pilot and evaluate a patient navigation workflow in 5 Family Medicine Practices incorporating mailed and telephone contacts to facilitate population identification, pre-visit outreach, eligibility verification, decision-support, and navigation services through screening completion.

METHODS

POPULATION IDENTIFICATION

smokers • Age 55–80

Current or former

Scheduled PCP visit in 21–26 days

No history of lung cancer or other condition where aoutreach is inappropriate

No screening, referral or chest ct in 12 months

EDUCATIONAL MAILING

Introductory letter

Educational infographic Smoking cessation

Decision aid option grid

resources

Telephone contacts up to 5 calls

OUTREACH

Pack year calculation Screening eligibility verification

Screening process education

Introduction of shared decision-making and smoking cessation information

to clinician.

SDM at upcoming visit

CLINICIAN COMMUNICATION

EHR staff memo routed

Eligibility status Pack year calculation

Quit date Prompt to complete

Order codes and instructions

Telephone reach rate is 80.1% of the outreach appropriate population.

The LDCT screening completion rate for those with PCP completed visits is 20.6% (n=161), resulting in 6 confirmed new lung cancer diagnoses.

RESULTS **EMR** Identified Population Mailing and Population 838 (75.4% of EMR identified population) Completed PCP visit 780 (93.1% of outreach population) **Completed Shared Decision-Making** 399 (51.2% of completed visit population) Completed Screening 161 (20.6% of completed PCP visits)

CONTINUING EVALUATION

Additional measures being collected include:

- Smoking status conversation documentation
- Smoking Cessation referrals
- Pack year documentation
- Order status- open, scheduled, completed
- Participating clinician satisfaction
- Clinician behaviors, process and guideline adherence



