

## **Piloting of a Centralized Primary Care-Based Outreach Model to Increase Lung Cancer Screening – 9-month Interim Results**

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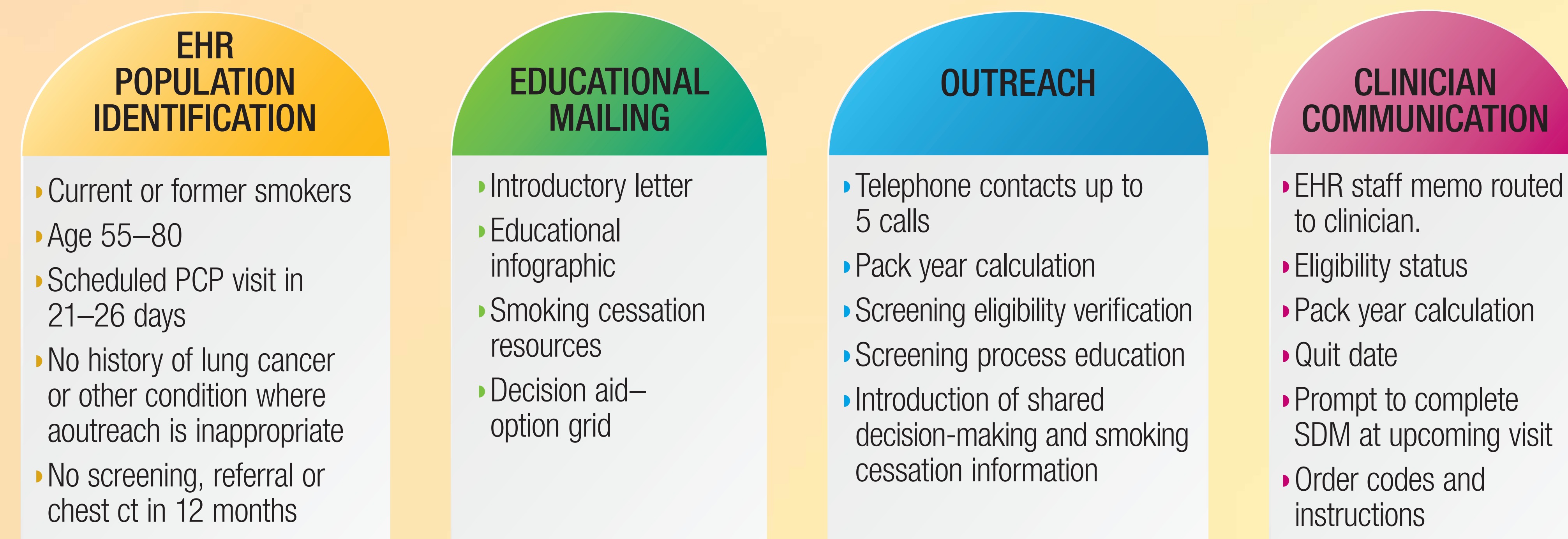
## INTRODUCTION

- Development of a standard process in an outpatient, primary care setting that supports the US Preventive Services Task Force Lung Cancer Screening guidelines remains elusive.
- Current electronic medical record systems are limited and inconsistent in their ability to correctly identify eligible patients, specifically around patient smoking status and pack-year history.
- Comprehensive program development requires the testing of multifactorial solutions, from proper patient identification to implementing the required shared decision-making (SDM) to navigating patients through the screening process.

## OBJECTIVE

- 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.

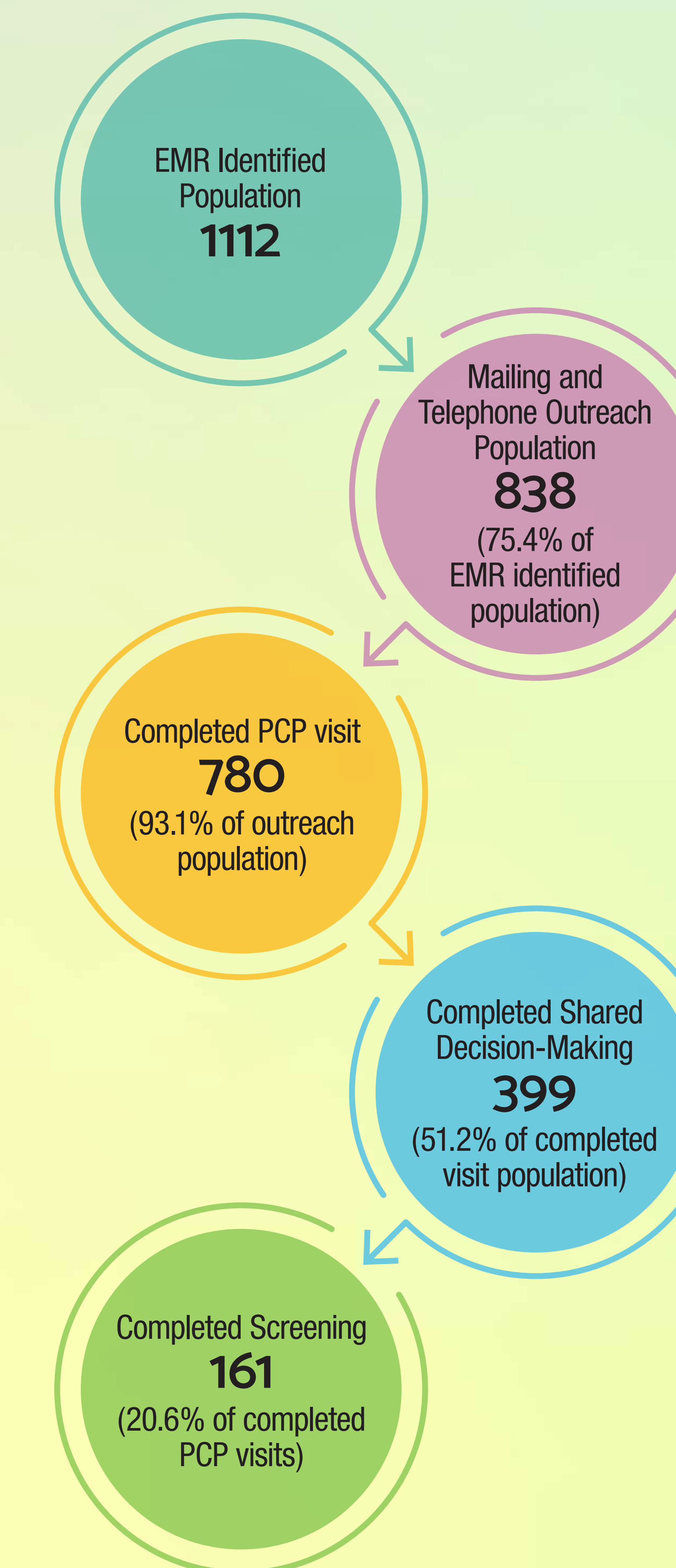
## METHODS



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

Of the **6** confirmed new lung cancer diagnoses, **5** were Stage I.

## RESULTS



## PROGRAM EVALUATION

- A clinician survey was conducted to measure behaviors, process and guideline adherence of pilot and non-pilot providers. In assessing the pilot program, the vast majority (n = 12, 85%) either responded agreed or strongly agreed that:
  - the pilot program helped facilitate conversations with patients around lung cancer screening
  - identify patients eligible for screening, and
  - educate patients through outreach provided by the patient navigator.



Take a picture for more details.