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

- Current or former smokers
- Age 55–80
- Scheduled POD visit in 21–26 days
- No history of lung cancer or other condition where outreach is inappropriate
- No screening, referral or chest CT in 12 months

- Introductory letter
- Educational infographic
- Smoking cessation resources
- Decision aid – option grid
- Telephone contacts up to 3 calls
- Pack-year calculation
- Screening eligibility verification
- Screening process education
- Introduction of shared decision-making and smoking cessation information

- EHR staff memo routed to clinician.
- Eligibility status
- Pack-year calculation
- Quit date
- Prompt to complete SDM at upcoming visit
- Order codes and instructions

RESULTS

<table>
<thead>
<tr>
<th>Program Evaluation</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes Achieved</td>
<td>838</td>
</tr>
<tr>
<td>Completed POD visit</td>
<td>780</td>
</tr>
<tr>
<td>Stage I lung cancer</td>
<td>5</td>
</tr>
</tbody>
</table>

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.

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