

Lung Cancer Screening Workplan

Charter Aim:

To increase appropriate lung cancer screening in Washington State to decrease incidence and mortality.

Charter Purpose:

- Defining topic area and scope
- Reinforcing best practices for core components of lung cancer screening and early lung cancer detection
- Aligning stakeholder priorities and practices around lung cancer screening
- Alignment of cross-sector quality measurement and monitoring in lung cancer screening
- Culturally relevant and sensitive care for those at risk for lung cancer and their community
- Reducing burden of disease and cost of care across all stakeholders and sectors
- Explore technological strategies and solutions to improve lung cancer screening
- Creating a statewide framework for equitable access and uptake of lung cancer screening for those eligible

Out of Scope

- tobacco and vaping prevention (e.g., school-based programs)
- other lung related conditions
- lung cancer treatment; other cancer screening initiative and guidelines
- management of incidental lung nodules
- exposure to radon and air pollution
- risk for lung cancer among people who fall outside the current screening guidelines without a history of smoking
- Generating new clinical guidelines where national consensus exists
- Prescriptive policy recommendations (e.g., mandate coverage of this CPT code) but directional are within scope
- Legislative advocacy

Focus Areas

Focus Area	Components	End Users
Eligibility & Engagement	<ul style="list-style-type: none"> • Screening and documentation of tobacco history at all points of care • Identification of eligible individuals according to national evidence-based guidelines (age 50-80, 20 pack-years, <15 YSQ) <ul style="list-style-type: none"> ○ Utilization of EHR tools, automated risk identification, registries, and other strategies 	<ul style="list-style-type: none"> • Patients and Families • Clinicians • Delivery Systems • Health Plans • Employers
Equity, Stigma, and Bias	<ul style="list-style-type: none"> • Outreach to populations with historical or demonstrated inequities in screening rates, including by race and ethnicity, rural locations, those covered by Medicaid or uninsured, and minoritized LGBTQIA+ populations • Explore telehealth, mobile screening models, digital navigation tools, and other technological advances to reach underserved populations • Healthcare provider targeted education and training around stigma and bias in lung cancer screening 	<ul style="list-style-type: none"> • Patients and Families • Clinicians • Delivery Systems • Health Plans • Employers • State Agencies
Lung Cancer Screening with LDCT	<ul style="list-style-type: none"> • Streamlined access to shared decision-making conversation about risks and benefits of LCS with LDCT • Track and clearly communicate the process and frequency of lung cancer screening (annual LDCT with potential for increased frequency to track abnormal findings) • Integration of smoking cessation and navigation support across the LCS continuum • Track outcomes and identify disparities in screening and mortality through registry, including at minimum screening, screening outcome, and factors such as race/ethnicity, insurance, and SOGI characteristics • Include measurement of lung cancer screening for all appropriate populations including for Medicaid and uninsured, and utilize in value-based contracting where able • Report screening engagement by race and ethnicity by site and health plan 	<ul style="list-style-type: none"> • Patients & Families • Clinicians • Delivery Systems • Health Plans; • Employers • State Agencies

Abnormal Result Follow-Up	<ul style="list-style-type: none">• Timely, guideline-aligned (e.g., Lung-RADS) follow-up and referral to specialty care after abnormal LDCT findings.• Reduction of financial barriers to comprehensive evaluation of abnormal findings• Designated process owner and reliable tracking systems for cancer screening registry follow-up and outreach to close care gaps and prevent missed follow-up• Communication is understandable, person-centered, and consistent with guidelines with clear next steps for patients and families	<ul style="list-style-type: none">• Patients and Families• Clinicians• Delivery Systems• Health Plans• Employers• State Agencies• State Legislature?
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Calendar

Month	Agenda/Objectives	Notes/Materials
Mar 4	<p>Focus Areas & Workplan</p> <ul style="list-style-type: none"> • Objective: review and approve the workplan <ol style="list-style-type: none"> a. Are the focus areas touching on the key barriers that the group has discussed so far? b. What is critical? Are there components that should be lower priority? c. What is missing that is within our ability and scope to address? 	<ul style="list-style-type: none"> • Review example of a theory of change to frame how we expect the guidelines to improve quality and reduce cost in WA state?
Apr 1	<p>Eligibility and Engagement</p> <ul style="list-style-type: none"> • Objective: Draft Guidelines for focus area Eligibility & Engagement for End Users • Evidence Review: <ol style="list-style-type: none"> a. Strategies to improve universal tobacco history screening and documentation b. National guidelines statements and evidence to support eligibility for LCS c. EHR-enabled identification of eligibility; other tools/technologies • Key Questions <ol style="list-style-type: none"> a. How prescriptive should we be on EHR tools and registries? b. How to reconcile current coverage policies with other national organizational guidance on eligibility and screening recommendations? (e.g., USPSTF/CMS/NCCN) 	
May 6	<p>Equity, Stigma, and Bias</p> <ul style="list-style-type: none"> • Objective: Draft Guidelines for Focus Area Equity, Stigma and Bias for End Users • Evidence Review: <ol style="list-style-type: none"> a. Identify priority populations for tailored outreach b. Effectiveness of provider training and other strategies on stigma and bias reduction c. Use of telehealth, mobile CT, digital navigation, and other technological advances to reduce inequities in screening 	

	<ul style="list-style-type: none"> d. Minimum data stratification expectations (required vs aspirational) for reporting an monitoring • Key Questions <ul style="list-style-type: none"> a. How should equity priorities be operationalized? b. What data stratifications should be required versus aspirational? c. What are available and reasonable strategies for payors to address LCS inequities? 	
Jun 3	<p>Lung Cancer Screening with LDCT</p> <ul style="list-style-type: none"> • Objective: Draft Guidelines for Lung Cancer Screening with LDCT for End Users • Evidence Review: <ul style="list-style-type: none"> a. Shared decision-making best practices for LCS b. Screening frequency and surveillance recommendations; Standardized screening pathways c. Evidence-based tobacco cessation interventions as part of LCS d. Integration of navigation supports e. Use of measurement in value-based contracting • Key Questions <ul style="list-style-type: none"> a. What constitutes high quality shared decision-making for LCS? b. How should programs be held accountable for follow-up and outcomes? c. What screening and performance measures/metrics are reasonable? 	
Jul 1	<p>Abnormal Result Follow-Up</p> <ul style="list-style-type: none"> • Objective: Draft guidelines for Abnormal Result Follow-up for End Users • Evidence Review: <ul style="list-style-type: none"> a. Lung-RADS criteria and other guidelines for abnormal follow-up b. Models for follow-up with shared responsibility for primary care and specialty care c. Patient-centered communication standards for discussing results and next steps d. Coverage policies that reduce inequities to diagnostic evaluation e. Incidental findings on LDCT • Key Questions 	

	<ul style="list-style-type: none"> a. Who is accountable for what steps of follow-up of abnormal results? b. Who should define patient-centered communication? What timelines are reasonable and should be considered minimum standard for follow-up? c. What coverage policies have demonstrated reduction of inequities in early detection in other states? 	
Aug 5	<p>Integration and Cross-cutting Alignment</p> <ul style="list-style-type: none"> • Objective: Review how all sections fit together across the screening continuum • Areas for alignment within the report and guidelines: <ul style="list-style-type: none"> a. Registry and data expectations b. Payment and policy recommendations c. Measurement framework across systems • Key Questions <ul style="list-style-type: none"> a. Are there any gaps, redundancies or conflicting guidance b. Are expectations realistic for lower-resourced settings? c. What guidance needs simplification or clarification? d. Does this report align with national recommendations and other state initiatives? 	
Sep 2	<p>First Draft Review and Finalization</p> <ul style="list-style-type: none"> • Objective: Approve first draft of report and guidelines & review dissemination plan • Key Discussion Points: <ul style="list-style-type: none"> ○ Are guidelines clear, actionable and defensible? ○ Is equity meaningfully embedded throughout? ○ Is the report usable by all intended end users? ○ How should the report be disseminated? 	
Oct 7	<p>Implementation & Evaluation</p> <ul style="list-style-type: none"> • Objective: Review implementation and evaluation tools (checklists, evaluation framework, theory of change) 	*Report will be up for public comment after September Bree Collab meeting
Nov 4	<p>Report Finalization</p> <ul style="list-style-type: none"> • Objective: Review public comments & finalize report • Key Discussion Points: TBD based on comments 	

Dec 2	TBD as needed	
Jan 2027	TBD as needed	

Evaluation Subcommittee:

- Objectives
 - Develop theory of change for the report and guidelines: [example](#)
 - Develop evaluation framework: [example](#)
- Members
 - Karie Nicholas
 - TBD

Deliverables

- Final Report and Guidelines
 - Deadline: 12/31/2026
 - Required Components
 - Executive Summary
 - Guidelines
 - Patients and Families
 - Clinicians
 - Delivery Systems
 - Health Plans
 - Employers
 - State Agencies
 - HCA
 - DOH

- Others as determined by workgroup
 - Measurement
 - Recommend system-level metrics/measures used in quality monitoring
 - Other details as recommended by the eval subcommittee. Direct to the evaluation framework for full resources
 - Background
 - Epidemiological data regarding lung cancer and lung cancer screening in WA state
 - Supportive text or evidence review for guidelines
 - Evidence Review
 - List of systematic reviews and national guidelines reviewed by the workgroup
 - Appendices
 - Workgroup Charter
 - Bree Collaborative members
 - Others as relevant to the guidelines
- Implementation Checklists (3 end users)
 - Deadline: 12/31/2026
 - Each checklist tool with have breakdown of all guidelines under specific stakeholders into level of difficulty to implement (1, 2, 3)
- Evaluation Framework
 - Deadline: 2/28/2027
- Theory of Change
 - Deadline: 12/31/2026

Resources

Literature: [LCS-Resource-Table.xlsx](#)