Bree Collaborative | Lung Cancer Screening
February 4th, 2026| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Joelle Fathi, DNP, ANP-BC, UW (cochair)
Kim Kummer, MS, MPH, CIC, Jamestown Family Clinic (cochair)
Kristin Bohreer, RN, Virginia Mason
Susanne Quistgaard, MD, Premera
Brandon Omernik, MS, CTTS, Fred Hutch
Drew Oliveira, MD, MHA, Washington Health Alliance
Maggie Chin, MD, Kaiser Permanente
Douglas E. Wood, MD, UW
Jennifer Kummerfeldt, ARNP, Mason Health
Saba Lodhi, MD, Confluence
Sara Warner, MPH, CHW, CHPW
Elyse Dumont, RN, Mason Health

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Sarah Pearson, HCA

WELCOME

Dr. Joelle Fathi and Kim Kummer welcomed members to the February workgroup meeting. A few new members introduced themselves:

- Saba Lodhi, MD, Chair of Pulmonology/Critical Care Medicine at Confluence Health
- Jennifer Kummerfeldt, ARNP, Director of Population Health at Mason Health
- Elyse Dumont, RN, Lung Navigator at Mason Health
- Douglas Wood, MD, FACS, FRCSEd, Chair of Department of Surgery at the University of Washington

PRESENT & DISCUSS: LUNG CANCER BACKGROUND DATA AND SURVEY RESULTS

The group transitioned to provide an overview of some information specifically from Washington state. Beth reviewed the following information:

- Lung cancer incidence and mortality by county
    - Southwest and North Central Washington counties experience highest burden of lung cancer incidence and mortality (both in Pacific, Mason and Okanogan counties)
- Lung cancer incidence and mortality by race and ethnicity in WA
    - Higher incidence and mortality experienced by those who identify as Black, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander compared to the state average
    - Limitations exist with broad racial and ethnic categories
- Lung cancer screening rate in WA is 15.8% of eligible individuals at high risk, ranking WA 37th out of 50 states in screening
- Current and lifetime cigarette use by Accountable Community of Health (geographic area)
    - Highest current cigarette use in Choice (12.3%), Olympic Community of Health (11.7%) and Thriving Together North Central Washington (11.7%)
    - Highest lifetime cigarette use in Choice (43%), Olympic Community of Health (41.4%) and Elevate Health (39.1%)

Pre-survey Results

- **Barriers**
  - Provider- and system-level
    - Lower provider awareness of screening guidelines
    - Incomplete or inaccurate smoking history documentation in the EMR, making eligibility identification difficult.
    - Lack of dedicated LCS programs, staff, infrastructure, or tracking systems for annual adherence.
  - Patient-level barriers
    - Low public awareness of LCS benefits.
    - Geographic and transportation barriers, especially outside Western Washington.
    - Financial barriers due to inconsistent insurance coverage or prior authorization (PA) requirements for CPT 71271 and follow-up scans.
  - Policy and resource gaps
    - Underfunded tobacco cessation programs statewide.
    - No national HEDIS measure for LCS, limiting standardization and audit-feedback mechanisms.
- **Potential Solutions**
  - Policy & reimbursement changes
    - Require standardized, routine tobacco use screening at all encounters across Washington state.
    - Eliminate PA requirements for CT screening (CPT 71271) and ensure coverage for 3- and 6-month follow-up scans.
    - Expand LCS coverage across all plans without excessive cost-sharing.
  - Infrastructure & system design
    - Improve EMR tools to capture smoking history and identify eligible patients.
    - Develop population health outreach teams for education, reminders, and follow-ups.
    - Build dedicated LCS programs in more health systems, including tracking and follow-up mechanisms.
  - Expanding access
    - Deploy mobile CT units to serve rural or transportation-limited communities.

        - Increase tobacco cessation resources, including 6–12 weeks of counseling and combination NRT.
    - Community & workforce engagement
        - Partner with community-based organizations (CBOs) to raise awareness.
        - Establish institutional champions to communicate expectations and support providers.
        - Conduct provider training and workshops on LCS program development.
- **Lessons Learned**
    - Multi-level barriers require multi-layered interventions—no single solution is sufficient.
    - Site champions can significantly improve adoption and adherence.
    - Repeated, supportive screening for tobacco use increases engagement and cessation likelihood.
    - Systems with population health teams show improved monitoring and outreach outcomes.
    - Data tracking and consistent EMR documentation are critical enablers of successful programs.

Discussion

- Launching a lung cancer screening in rural areas with limited staff, radiological capacity, and referral restrictions makes it difficult
- Strong connections between screening and treatment centers is critical
- Nuances in insurance coverage for initial and follow-up scans – can confuse patients and impact adherence to follow-up recommendations
- Difficulties in sharing information due to lack of interoperability and challenges tracking patient outcomes and screening adherence across health systems
- Executive leadership support, nurse navigators and integration with research assists scaling up of LCS

PRESENT& DISCUSS: FOCUS AREAS

Beth transitioned the group to reviewing the focus areas below:

- Strengthening Best Practices for Lung Cancer Screening and Early Detection
- Advancing Equitable Access and Culturally Relevant Care
- Addressing Stigma and Bias Around Tobacco and Lung Cancer
- Alignment and Coordination Across Community, Health Systems, and Payors
- Quality Measurement, Monitoring, and Accountability

Discussion

- Critical to address disparities in rural and tribal communities, noting underrepresentation in claims data and need for culturally sensitive outreach and community-based partnerships
- Stigma, fear and trust factor a lot into screening uptake – decentralized, primary care led programs can leverage patient trust in their providers
- Local quality measures to support identification of eligible patients and the existence of HEDIS level quality measures to incent payor systems to drive quality improvement

PRESENT& DISCUSS: EVALUATION SUBCOMMITTEE

The chairs transitioned the workgroup to review the evaluation subcommittee. Karie Nicholas, MA, GDip, Evaluation and Measurement Manager at the Foundation, reviews the design and purpose of the evaluation subcommittee. The subcommittee will develop a theory of change, an evaluation framework for use by the identified audiences in the report, and scorecard development for organizations or individuals to use to measure their processes against Bree guidelines.

PUBLIC COMMENT AND GOOD OF THE ORDER

Joelle and Kim invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the group will review focus areas and workplan to set a course for the rest of the year. The workgroup's next meeting will be on **Wednesday, March 4th from 3-4:30PM**.