

**Bree Collaborative | Lung Cancer Screening**  
March 4<sup>th</sup>, 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  
Saba Lodhi, MD, Confluence  
Sara Warner, MPH, CHW, CHPW  
Elyse Dumont, RN, Mason Health  
Andrea Allen, MSN, RN, HCA  
Christina Vanzuela, Caregiver Advocate  
Matty Triplette, MD, Fred Hutch

**STAFF AND MEMBERS OF THE PUBLIC**

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

**WELCOME**

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

- Christina Valenzuela, caregiver advocate

**REVIEW: LUNG CANCER POLICY NETWORK RESOURCES**

The group transitioned to provide an overview of some resources from the Lung Cancer Policy Network. Beth reviewed the following information:

**Your guide to using the Lung Cancer Policy Network's implementation toolkit**

The implementation toolkit has been developed to support the implementation of LDCT screening for lung cancer. The toolkit uses a health system readiness approach and is organised into six domains, which cover the key topics and considerations needed to deliver a comprehensive and robust plan for the implementation of a screening programme. The toolkit contains implementation resources to support users in working through each of the six domains.

Policy briefs | Reference resources | Templates | Summary resources | Case studies | Videos

**A framework to support the implementation of LDCT lung cancer screening**

DOMAIN 1 GOVERNANCE	DOMAIN 2 WORKFORCE AND TECHNICAL CAPACITY	DOMAIN 3 FINANCIAL PLANNING	DOMAIN 4 ELIGIBILITY AND RECRUITMENT	DOMAIN 5 LDCT SCREENING DELIVERY	DOMAIN 6 DATA MONITORING AND EVALUATION
<ul style="list-style-type: none"><li>A focus on governance &gt;</li><li>Stakeholder groups that may be involved in lung cancer screening &gt;</li><li>Expert perspective (Australia) &gt;</li></ul>	<ul style="list-style-type: none"><li>A focus on workforce and technical capacity requirements &gt;</li><li>Additional considerations for planning technical and workforce capacity for lung cancer screening &gt;</li><li>Initial assessment of workforce capacity for lung cancer screening &gt;</li><li>Expert perspective (Croatia) &gt;</li></ul>	<ul style="list-style-type: none"><li>A focus on financial planning &gt;</li><li>Potential costs to consider for lung cancer screening programmes &gt;</li><li>Expert perspective (UK) &gt;</li><li>Developing the economic case for lung cancer screening &gt;</li><li>Approaches to economic evaluations (Australia) &gt;</li><li>Approaches to economic evaluations (England) &gt;</li></ul>	<ul style="list-style-type: none"><li>A focus on eligibility and recruitment &gt;</li><li>Selected risk prediction models used in lung cancer screening &gt;</li><li>Understanding which populations might be at highest risk of lung cancer &gt;</li><li>Expert perspective (Aotearoa New Zealand &amp; England) &gt;</li></ul>	<ul style="list-style-type: none"><li>Potential barriers to and solutions for engaging participants in screening &gt;</li><li>Approaches to lung cancer screening engagement (England) &gt;</li><li>Approaches to lung cancer screening engagement (Aotearoa New Zealand) &gt;</li><li>Tailoring LDCT lung cancer screening to increase engagement with traditionally underserved communities &gt;</li></ul>	<ul style="list-style-type: none"><li>A focus on developing a clear protocol for LDCT screening &gt;</li><li>Different approaches to the evaluation of lung modules &gt;</li><li>Example pathway for managing results from LDCT screening &gt;</li><li>Expert perspective (US) &gt;</li><li>A focus on data management and programme evaluation &gt;</li><li>Types of data and potential requirements for setting up a screening programme &gt;</li><li>Expert perspective (Poland) &gt;</li></ul>

- Implementation toolkit includes resources on:
  - Governance
  - Workforce and technical capacity
  - Financial planning
  - Eligibility and recruitment
  - Low dose CT scanning

- Data monitoring and evaluation
- Lessons from implementation
  - Tailoring eligibility criteria
  - Developing targeted outreach
  - Integrating screening with other public health initiatives
  - Ensuring full integration into health systems
- Lung plan and business modeling tools
  - Business modeling tool to allow organizations to input local data and generate predictive reports for financial planning and program development

**PRESENT& DISCUSS: LUNG CANCER SCREENING WORKPLAN**

Beth transitioned the group to reviewing the updated focus areas and workplan. The group made the following changes:

<p>Eligibility &amp; Engagement</p>	<ul style="list-style-type: none"> <li>● Screening and documentation of tobacco history at all points of care</li> <li>● Identification of eligible individuals according to national evidence-based guidelines (<del>age 50-80, 20 pack-years,</del></li> <li>● Utilization of EHR tools, automated risk identification, registries, and other strategies</li> <li>● Streamline access to shared decision-making conversations about risks and benefits of LCS with LDCT</li> <li>● Report screening engagement by race and ethnicity by site and health plan</li> </ul>	<p>Patients and Families Clinicians Delivery Systems Health Plans Employers</p>
<p>Stigma, Bias &amp; Equity</p>	<ul style="list-style-type: none"> <li>● 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+ population</li> <li>● Screen for social drivers of health</li> <li>● Explore telehealth, mobile screening models, digital navigation tools, and other <del>technological</del> advances to reach underserved populations</li> <li>● Healthcare provider targeted education and training around stigma and bias in lung cancer screening</li> <li>● LCS navigation support</li> <li>● Communication is understandable, person-centered, and consistent with guidelines with clear next steps for patients and families</li> <li>● Track outcomes and identify disparities in screening and mortality, including at minimum screening, screening outcome, and factors such as race/ethnicity, insurance, and SOGI characteristics</li> <li>● Include measurement of lung cancer screening for all appropriate populations including for Medicaid and</li> </ul>	<p>Patients and Families Clinicians Delivery Systems Health Plans Employers State Agencies</p>

	<p>uninsured, and utilize in value-based contracting where able</p>	
Screening with LDCT	<ul style="list-style-type: none"> <li>• Integration of smoking cessation and navigation support across the LCS continuum</li> <li>• Designating ownership of LCS workflow, management, and follow-up</li> <li>• LDCT provided according to ACR technical standards</li> <li>• Identify and standardize reporting of lung nodules</li> <li>• EHR processes for screening documentation, clinical decision tools, and reminders</li> <li>• Track and clearly communicate the process and frequency of lung cancer screening (annual LDCT with potential for increased frequency to track abnormal findings)</li> <li>• Streamlined access to shared decision-making conversation about risks and benefits of LCS with LDCT</li> <li>• Track and clearly communicate the process and frequency of lung cancer screening (annual LDCT with potential for increased frequency to track abnormal findings)</li> <li>• 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</li> <li>• Include measurement of lung cancer screening for all appropriate populations including for Medicaid and uninsured, and utilize in value-based contracting where able</li> <li>• Report screening engagement by race and ethnicity by site and health plan</li> </ul>	<p>Patients and Families Clinicians Delivery Systems Health Plans Employers State Agencies</p>
Abnormal Results Follow-Up	<ul style="list-style-type: none"> <li>• Timely, guideline-aligned (e.g., Lung-RADS) results management and follow-up and referral to specialty care after abnormal LDCT findings.</li> <li>• Standardized processes and care coordination to ensure follow-up with annual screening, incidental findings, or suspicious findings; pathway to access multidisciplinary review for next steps</li> <li>• Access to recommended care for completion of LCS</li> <li>• Reduction of financial barriers to comprehensive evaluation of abnormal findings</li> <li>• Designated process owner reliable tracking systems for cancer screening registry follow-up and outreach to close care gaps and prevent missed follow-up</li> <li>• Communication is understandable, person-centered, and consistent with guidelines with clear next steps for patients and families</li> </ul>	<p>Patients and Families Clinicians Delivery Systems Health Plans Employers State Agencies State Legislature?</p>

## Discussion

- Need flexibility of guideline language to accommodate evolving national standards
- Multiple tools available for risk identification
- Inclusion of social risk factors/health related social needs is important when allocating resources
- Need for robust tracking and communication systems, integration of smoking cessation, and navigation support
- National registry reporting is a challenge – local outcome tracking done separately
- Timely, guideline-directed results management needed to reduce financial barriers, designating process ownership and supporting care
- Practical challenges include
  - Tracking
  - Registry reporting
  - Workflow ownership
  - Integration of multidisciplinary review
  - Care coordination

## **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Joelle and Kim invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the group will begin drafting guidelines for Stigma, Bias & Equity. The workgroup's next meeting will be on **Wednesday, April 1<sup>st</sup> 2026 from 3-4:30PM.**