
Bree Collaborative | Lung Cancer Screening

May 6th, 2026 | 3-4:30PM

Hybrid

MEMBERS PRESENT VIRTUALLY

Joelle Fathi, DNP, ANP-BC, UW (cochair)
Kim Kummer, MS, MPH, Jamestown Family
Clinic (cochair)
Brandon Omernik, MS, CTTS, Fred Hutch
Maggie Chin, MD, Kaiser Permanente
Douglas E. Wood, MD, UW

Saba Lodhi, MD, Confluence
Elyse Dumont, RN, Mason Health
Jessica Beach, MPH, Molina
Ty Jones, MD, Regence
Sahla Suman, DOH

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Whitney Mendel, MSW, NYS Lung Cancer
Screening Action Team

WELCOME

Dr. Joelle Fathi and Kim Kummer welcomed members to the May workgroup meeting. Joelle introduced our speaker – **Whitney Mendel, MSW, PhD, Coordinator for the NYS Lung Cancer Screening Action Team.**

Action: Motion to approve April minutes

Outcome: April minutes approved

PRESENTATION: NYS LUNG CANCER SCREENING ACTION TEAM

The group transitioned to invite Dr. Mendel to share her presentation on the NYS Action Team

- **Team formation and membership:** Lung Cancer Screening Action Team formed in 2021, initially with 48 members and now expanded to over 90 volunteers from 38 organizations, including clinicians, navigators, administrators, academics, and primary care physicians, with an executive committee representing diverse institutions across the state.
- **Environmental scan and screening locator:** The team conducted a comprehensive environmental scan to identify all lung cancer screening locations in New York, resulting in a database of 446 sites and the development of a user-friendly website for providers and individuals to locate screening facilities by zip code.
- **Survey of screening facilities:** A survey of lung cancer screening facilities revealed that most have additional capacity for screening, but the responsibility for referrals and follow-up largely falls on primary care, highlighting the complexity and burden on these providers compared to other cancer screenings.
- **Legislative successes:** the team successfully advocated for New York State legislation eliminating cost sharing for follow-up screening and diagnostic imaging for lung cancer, effective in 2027, aiming to achieve parity with other screenable cancers
- **Ongoing efforts:** Current initiatives include distributing lung cancer screening brochures via the Quitline, exploring text messaging for outreach, working with claims data to establish screening

baselines, considering a state registry, and planning further legislative and educational campaigns to address gaps in parity and awareness

- **Discussion**
 - Recommended to form core exec committee with representation from different regions and institutions to ensure broad perspectives and effective leadership, especially in large diverse states
 - Patient and caregiver voices are critical
 - Leverage national resources (NLCRT) as resources to guide development, peer learning, and examples of different funding/org structures
 - Timeline: collaborative evolution - relationship-building and having dedicated coordinator were key to increasing engagement
 - Primary care providers are overwhelmed with responsibilities, making it difficult to prioritize LCS especially in rural areas
 - Education of primary care providers through modules and outreach faced challenges in uptake, unless screening is tied to performance metrics it remains a lower priority
 - Navigators are a critical role, and identifying primary care champion to advocate for LCS
 - NY's no cost follow up imaging law was achieved through collaboration with ALA, ACS CAN, major health systems, leveraging advocacy networks; payors have been engaged in regional conversations with some success in discussing prior authorization requirements

PRESENT & DISCUSS: IMPLEMENTATION ROADMAP

Beth transitioned the group to reviewing a draft roadmap for implementation of the guidelines. The group discussed the following:

- **Shared decision-making:** a critical role with requirement from CMS, necessitating formal documentation and use of approved decision-aids, burdensome for providers
 - LCS is the only cancer screening requiring intensive documentation, some radiologists require documentation before scheduling of CTs
 - Proper SDM improves patient adherence and understanding of the screening process, reducing loss to follow up and ensuring alignment with patient goals of care
 - Need to provide templates, recommended tools, practical guidance to facilitate SDM documentation until requirements change
- **Policy and eligibility misalignment:** discrepancies in eligibility criteria between Medicare, VA, commercial payors, pack-year history requirements
 - Coverage for follow up scans not provided – key equity issue
 - Encourage providers to proactively inform patients about eligibility and coverage limitations to prevent surprises
- **Operationalizing screening, follow-up, and navigation best practices:**
 - Feasibility of integration of smoking cessation at every screening touchpoint – assessing readiness at each visit and providing counseling when appropriate is a practical approach
 - EHR modules and third party software support nodule tracking – need for a clear process owner to ensure follow-up
 - Dedicated navigators are best practice for managing follow-up
 - Structured radiology reporting using Lung-RADS and multidisciplinary team review of concerning findings

PUBLIC COMMENT AND GOOD OF THE ORDER

Joelle and Kim invited final comments or public comments, then thanked all for attending.
The workgroup's next meeting will be on **Wednesday, June 3rd 2026 from 3-4:30PM.**