**Bree Collaborative | Lung Cancer Screening**
June 3rd, 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
Elyse Dumont, RN, Mason Health
Jennifer Kummerfeldt, ARNP, Mason Health
Jessica Beach, MPH, Molina
Matty Triplette, MD, MPH, Fred Hutch
Sahla Suman, DOH
Drew Oliveira, MD, WHA
Christina Valenzuela

**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 June workgroup meeting. The minutes were approved without comment or update.

**Action**: Motion to approve May minutes
**Outcome**: May minutes approved

**PRESENTATIONS: MASON HEALTH & FRED HUTCH**

Joelle invited our first presenters forward: Jennifer Kummerfeldt, ARNP, and Elyse Dumont, RN, to share more about their lung cancer screening program at Mason Health.

**Mason Health**

- **Development of Mason County Lung Cancer Screening Program:**
  - **Program began in April 2025,** driven by the need to provide local lung cancer screening for Mason County residents. Steps included evaluating organizational structure, necessity of a lung navigator role, technical capacity of the CT equipment, projection of screening volumes, and assessing financial viability
  - **Lung navigator role:** developed in house using online training, created standard workflows for patient identification, authorization, scheduling, and tracking; determined FTE based on projected patient volumes
  - **Community context and needs assessment:** Mason county is mostly rural, residents experience high smoking rates, and limited access to large hospitals; trust building is important within the community and to address disparities
  - **Barriers and strategic solutions:** barriers include transportation challenges, EHR incompatibility, lack of specialty providers, and concerns about cost. Team leveraged MediCare annual wellness visit for patient education, integration of LCS into dashboards, and conducting community outreach at local health fairs and tribal events/locations
- **Operations of the program**

    - Dedicated order set in Cerner ensuring SDM documentation using correct ICD-10 and CPT codes for billing; team has faced challenges with coding discrepancies and insurance pre-auth
    - Medicare annual wellness visits and chronic care follow-up visits to identify eligible patients with accurate tobacco history documentation is critical
    - Elyse and Jennifer attended health fairs, tribal events, community gatherings to raise awareness and inform potential patients
    - Establish process for timely results notification, tracking based on LungRADS score, and managing referrals to external pulm/oncology clinicians
- **Screening rates and clinical outcomes:**
    - Since launch, ordered about 800 LDCTs, completed about 550 exams
    - Several cases of lung cancer and 1 incidental kidney cancer identified
    - Team achieved rapid follow-up for high-risk findings and exceeded internal screening rate goals
    - Staffing and role expansion: with increase of volume, team has begun training a second RN, and considered cross-training with breast cancer screening navigation
- **Financial considerations:** low-dose CT reimbursement is lower than standard CT, impacting revenue projections but the program remained profitable
- **Operational challenges:** EHR limitations, manual tracking with excel, insurance denials due to coding errors or payor preferences, and need for improved software solutions; provider education addressed coding issues
- **Collaborations:** partnered with tribal nations, rural community organizations, and others like SPIPA and Fred Hutch to address referral pathways, community engagement, and partnership opportunities; outreach at tribal health fairs, community centers, local casinos, etc. offering information on cancer screening in general.

**Fred Hutch**

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- **Fred Hutch Lung Cancer Screening and Tobacco Cessation Programs:** Matty Triplette and Brandon Omernik presented the structure, governance, and operational details of the Fred Hutch lung cancer screening and tobacco cessation programs.
    - **Program Structure and Governance:** Fred Hutch program began as a demonstration project and evolved to a hybrid model supporting 23 primary care clinics, with centralized tracking, results delivery, and navigation for high-risk patients. Governance includes working groups, oversight, and executive committees.
    - **Navigation and Shared Decision Making:** The program employs nurse practitioners for shared decision making, uses Epic-based tools for documentation and risk calculation, and recently expanded navigation support for patients with lower-risk findings to improve annual screening adherence.
    - **Community and Tribal Initiatives:** Fred Hutch operates the heli?il Program, funded by the Snoqualmie Tribe, to provide outreach, education, and navigation for tribal communities, including partnerships with the Seattle Indian Health Board and SPIPA for lung cancer screening and tobacco cessation.
- **Research and Quality Improvement:** The program also serves as a platform for research in implementation science, piloting navigation interventions for groups at higher risk of lung cancer and collaborating on trials to test navigation models in partnership with regional clinics and tribal health organizations.

- **Tobacco Cessation Integration and Best Practices:** Fred Hutch tobacco cessation program includes stepped care models, referral pathways, integration with lung cancer screening, and evidence-based approaches to improve quit rates and patient engagement.
- **Program Design and Funding:** The tobacco cessation program is embedded within the cancer center, offering non-billable, donor-funded services and free nicotine replacement therapy, following NCCN guidelines and supporting patients across multiple sites.
- **Stepped Care and Referral Pathways:** Patients are screened for tobacco use and referred via opt-in (provider referral) or opt-out (universal questionnaire) pathways. Engagement includes initial consultations, quit planning, and ongoing follow-up, with adaptive treatment based on patient needs.
- **Integration with Screening and Community Programs:** The program integrates with lung cancer screening, piloting navigation and cessation interventions for LGBTQ+ elders and other groups at higher risk of lung cancer, and collaborates with community organizations to provide affirming, stigma-free care.
- **Implementation and Expansion:** Efforts focus on universal tobacco use screening, EHR integration, provider training, and expanding access to cessation support for patients not currently eligible for the program, including those in primary care and ambulatory clinics.
- **Challenges:** Similar to Mason Health, several challenges from the payor space include insurance pre-auth, coding errors, reimbursement rates, and payor-specific barriers particularly for Medicaid and FQHCs.

Discussion

- Enduring barriers
    - Initial claims denials were due to incorrect CPT and ICD-10 codes, preferences for stand-alone radiology facilities (no facility fee) and need for provider education on documentation
    - Medicaid reimbursement generally straightforward but may become challenging as policies change, especially when LCS is not a HEDIS measure

**PUBLIC COMMENT AND GOOD OF THE ORDER**

Joelle and Kim invited final comments or public comments, then thanked all for attending. Next steps will be sent out to the group. The workgroup's next meeting will be on **Wednesday, July 1st 2026 from 3-4:30PM**.