Bree Collaborative | Lung Cancer Screening
July 1st, 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
Saba Lodhi, MD, Confluence Health
Kristen Bohreer, RN, VMFH
Susanne Quistgaard, MD, Premera

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Karen Wernli, PhD, KPWHRI

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 June minutes
Outcome: June minutes approved

PRESENTATION: FROM UPTAKE TO ADHERENCE IN LUNG CANCER SCREENING

Joelle invited our presenter Dr. Karen Wernli from Kaiser Permanente Washington Health Research Institute forward to share more her research into supporting people in adherence to lung cancer screening.

- Dr. Wernli reviewed findings from a large randomized clinical trial at Kaiser Permanente Washington, focusing on interventions to improve adherence to annual lung cancer screening
    - Trial Design and Population: a pragmatic, randomized clinical trial among Kaiser Permanente Washington members, targeting those who had a normal low-dose CT scan between November 2022 and April 2024, with eligibility based on age, tobacco history, and scan ordering department.
    - Interventions: Two multi-level, patient-centered interventions were tested: an education intervention (print and video messaging about annual screening) and a stepped reminder intervention (reminders to both clinicians and patients, including EHR orders and phone outreach), with system-level support such as workflow integration and a medical assistant delivering interventions.
    - Short-Term Patient-Reported Outcomes: The education intervention improved short-term knowledge about the need for annual screening, especially among first-time screeners, but did not affect tobacco-related stigma or self-efficacy; these outcomes were measured via surveys and discussed in detail.
    - Main Trial Outcomes: **The stepped reminder intervention significantly increased adherence to annual lung cancer screening (to nearly 76%), outperforming both baseline and centralized program rates,** with consistent effects across patient subgroups and the greatest improvement among current tobacco users.

- **Subgroup Analyses and Implementation:** Subgroup analysis revealed a lower adherence among women receiving the education intervention, with ongoing investigation into reasons; the reminder intervention's effectiveness was robust across age, sex, tobacco status, and screening history.
- **Policy and Practice Implications:** importance of system-level supports, such as reminders for both patients and providers; these interventions could be adopted in practice with potential for state-level policy action to ensure access and affordability

Discussion

- Describe more about the role of navigator in this
  - A research-funded medical assistant delivered the interventions, was trained specifically for the study, and adapted workflows to assist primary care physicians with tobacco history checks before orders were placed; non-clinical staff, such as trained customer service personnel, can successfully manage reminders and scheduling, achieving high adherence rates in decentralized programs
- What are the FTE requirements?
  - Not full time; in rural areas there are more barriers which can limit effectiveness of interventions

REVIEW AND DISCUSS: DRAFT GUIDELINES

Joelle transitioned the workgroup to reviewing the draft guidelines and revise as a group. The following were discussed, and the draft can be viewed here.

- Participants debated terminology and best practices for tracking eligible patients, agreeing on the importance of a formal tracking system (preferably integrated with the EHR) and the critical role of navigators or dedicated staff, whether clinical or non-clinical, in managing adherence.
- Due to funding and participation concerns, the group decided to use 'inclusiveness' instead of 'equity' in guideline language, aligning with practices in other states and organizations.
- Include CPT and ICD-10 codes for lung cancer screening, with recommendations to provide generic guidance and references to current coding resources, and to note the importance of using codes that ensure preventive benefit coverage.
- Insurance coverage: the Health Care Authority (HCA) requires insurance coverage for preventive services, including lung cancer screening, and recommended verifying specific plan policies and state requirements.
  - Some issues with health plans steering patients to specific facilities or denying coverage based on prior diagnostic CTs and recommended including language in guidelines to encourage coverage at locations convenient for patients and to address these common barriers. diagnostic and screening CTs serve different purposes and are interpreted differently, emphasizing the need for health plans to recognize this distinction and avoid inappropriate denials.

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, August 5th 2026 from 3-4:30PM**.