

Health Delivery

- Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
 - Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
- Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
- Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

Eligibility & Engagement

- **Provide access to patient education about lung cancer screening**, inclusive of potential harms and benefits, expectations about LDCT and timing intervals, and ability to assess individual preferences and values for care
- **Schedule a follow-up visit or refer to an LCS program to engage in shared decision-making (SDM).** Documented SDM is required by CMS
- Use the following or most updated **codes** for LCS eligibility and billing:

Stigma, Bias, & Inclusiveness

- **Reduce stigma and bias**
 - Make tobacco cessation programs highly visible and accessible at all points of entry

Screening with LDCT

- **Clarify roles and responsibilities within lung cancer screening.** Designate accountable groups for the following:

- screening for and asking about tobacco use and history, as well as documentation
- ordering LDCT
- communicating results and scheduling necessary follow-up

Result Management

- **Quality improvement and measurement**
 - **Assess readiness to quit smoking** if applicable, and **counsel on smoking cessation**.

Level 2

Eligibility & Engagement

- **Incorporate a SDM tool** into clinical workflows. See [Implementation Guide](#) for examples
- **Participate in community outreach** (e.g., health fairs, collaboration with tribes)

Stigma, Bias, & Inclusiveness

- **Reduce stigma and bias**
 - Require all patient-facing healthcare team members (especially clinicians, navigators, and outreach workers) complete stigma reduction training regularly
 - Audit communication materials to ensure use of person-first language
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Screening with LDCT

- **Clarify roles and responsibilities within lung cancer screening.** Designate accountable groups for the following:
 - tracking patients engaged in LCS
- **Develop/adopt standardized protocols for results notification** based on LungRADS criteria and timely follow-up for those needing further evaluation

- **Maintain access to directory of facilities recognized for quality in LDCT and meet technical capacity to deliver lowest dose of radiation** for clinician ordering and referral
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Result Management

- **Align timeliness of expected follow-up with most updated version of Lung-RADS guidelines and white papers** for other potentially clinically significant findings

Level 3

Eligibility & Engagement

- Have a tracking system in place to identify and monitor eligibility, including the following core functions:
 - To identify those eligible among existing patients
 - Age: 50-77 (some guidelines 50-80)
 - History of smoking: 20 pack-years + within 15 YSQ
 - Asymptomatic: no symptoms of lung cancer
 - Track completion of SDM visit for LCS
 - Track order and completion of LDCT
 - Monitor results and recommended follow-up based on existing guidelines (Lung-RADS)
- Integrate digital tracking software/digital tracking solutions into the EHR as able
- Notify providers through the EHR before preventive care or chronic care management visit when a patient may be eligible for LCS
- **Participate in community outreach** (e.g., health fairs, collaboration with tribes)

Stigma, Bias, & Inclusiveness

- Implement consistent, bias-aware policies that ensure lung cancer screening and other evidence-based care are proactively offered based on clinical eligibility.

- **Reduce stigma and bias**
 - Track stigma-related patient-reported outcomes
 - Include community voice in LCS program design
- **Quality improvement and measurement**
 - Dedicate quality improvement resources to address disparities in access to LCS
 - **what to expect from LDCT screening**, including: follow-up diagnostic testing; possible overtreatment; radiation exposure; completion of annual screening; potential for other clinically significant findings (20%)

Screening with LDCT

- **Offer lung navigation services across the continuum of lung cancer screening.** Staff should be trained in and meet the standards of high quality lung cancer screening navigation. Navigators can be non-clinical personnel, but should have dedicated time to provide navigation.
- Develop or adopt in-house referral process or partnerships other systems to provide access to **multidisciplinary specialty teams and/or nodule/tumor boards for those needing specialty referral**

Result Management

- **Establish partnerships with healthcare systems to maintain access to multidisciplinary teams and/or nodule/tumor boards** composed of professionals with lung cancer expertise including but not limited to: radiology, pulmonology, oncology, pathology, nurses, cancer navigators, and advanced practice providers.
- **Include strategies to streamline access to follow-up**
 - Automatically direct to organizationally embedded (if possible) navigator after abnormal findings
 - Consider automated reminders for follow up scans
 - Consider a stepped approach to support re-engaging patients in care who do not respond to automatic outreach (e.g., escalating from a text or portal message to an outreach phone call)
 - Automatic referral to specialty care for Category 4 findings or other high-risk findings

Full Guidelines

Eligibility & Engagement

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- If able, **incorporate a SDM tool** into clinical workflows. See [Implementation Guide](#) for examples
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Screening with LDCT

Delivery Systems

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