

Standard 4.2 – Lung Screening

Lung Screening Program

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Lung cancer is the leading cause of cancer death in every ethnic group. In Wisconsin, lung cancer was 14% of cancer cases and 27% of cancer deaths. Lung cancer is a growing diagnosis and is 12%-15% of the Bellin Health Oncology case mix. In a National Lung Screening Trial NEJM 2011, it was concluded that “screening with low dose chest CT conclusively reduces mortality from lung cancer in high risk patients” (The National Lung Screening Research Team, 2011). In an internal quality study, it was noted that small cell lung cancer cases are diagnosed at a later stage than the national average. Collectively, these are the reasons that we chose to boost our lung screening program.

Actions That Led to Increased Screenings/Prevention of Late Stage Disease

1. Required enrollment in CMS registry completed.
2. Evidence-based guidelines presented to Clinical Content Team for Epic build.
3. Lung screening added to “side bar” in Epic, with other preventative screenings.
4. Order set adjusted to match CMS requirements.
5. Epic SmartPhrase created for ordering physicians.

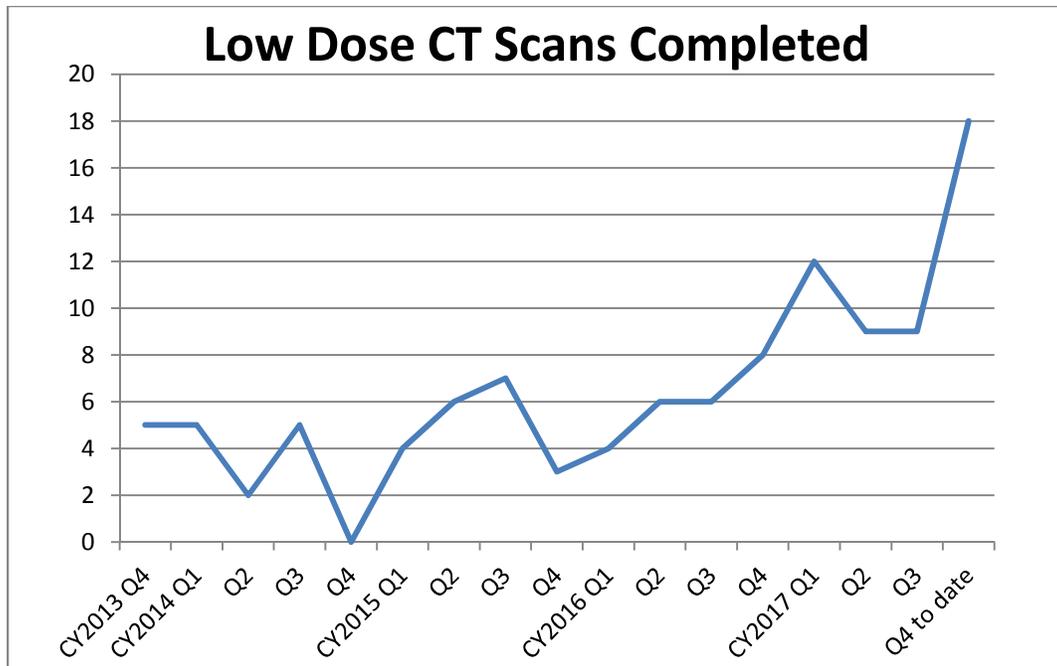
6. Required shared decision-making tool made available to be placed in all exam rooms.
7. Work flow documented and shared for provided education.
8. Presented at Bellin Town Hall Meeting for providers.
9. Promotion of lung screening on Local 5 Live – Dr. Habib.
10. Promotion at Northeast Wisconsin African American Event, Network Health Event, and Packers vs. Cancer game.
11. Prepared a mailing list of individuals qualified for screening. This totaled greater than 2,500 patients.
12. Metric establish to monitor program success on system scorecard.

Results and Positive Findings:

We’ve seen an increase in lung cancer screening and believe this is to be attributed mainly to physicians that are most familiar with the program (**Attachment A**). There is still work to be done to build this into Epic and to spread the word to providers. There were four to five patients who chose to do lung cancer screening after attending a Bellin event booth. We recognize that primary care providers will play a key role in these screenings.

Patients with positive findings are referred to the multidisciplinary lung nodule clinic and are seen within less than one week. A work flow has been mapped and shared (**Attachment B**). Each quarter there have been patients with a positive finding. Some are monitored over time, and others proceed to further diagnostics.

Attachment A



Attachment B

