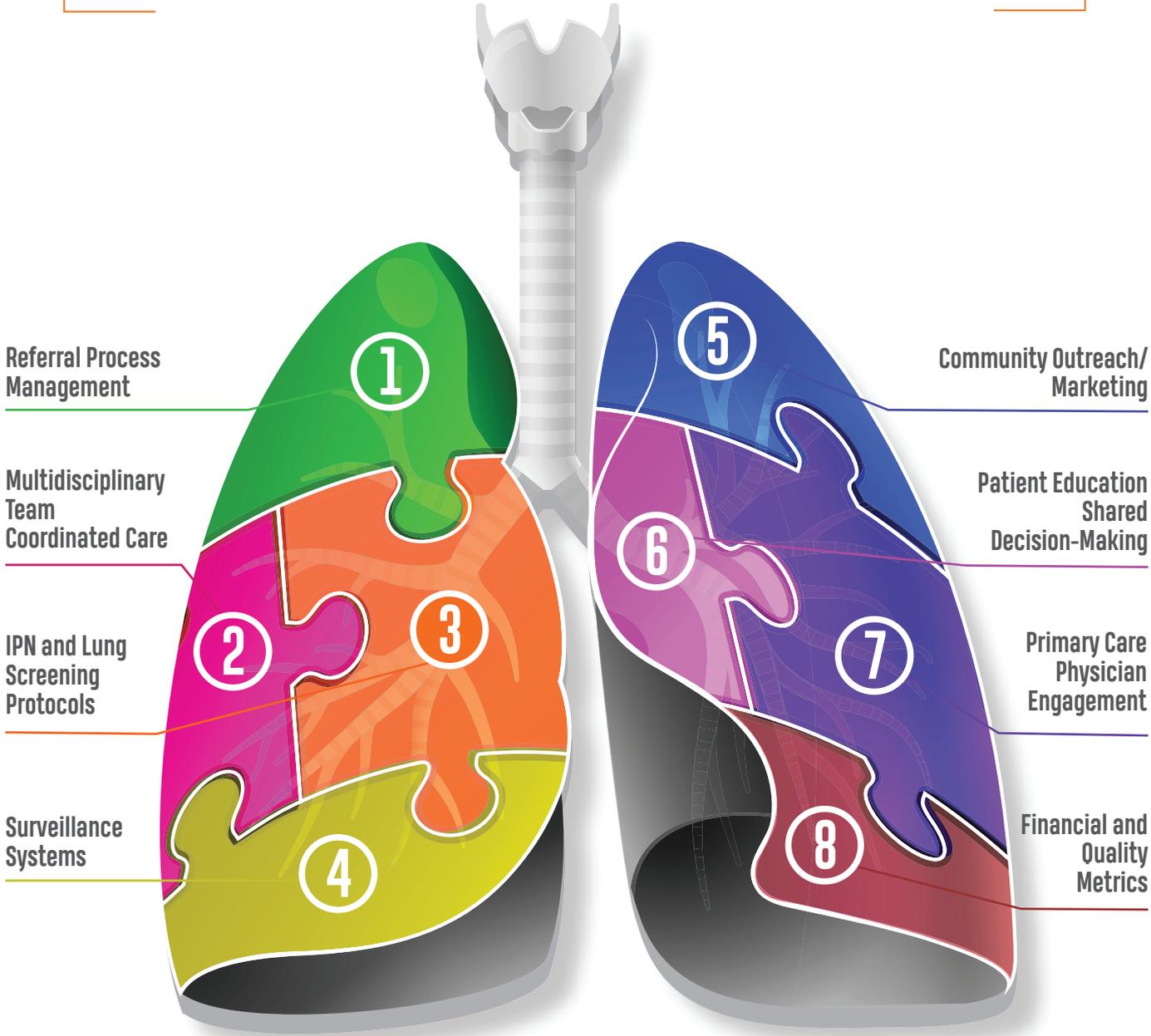


Considerations to Establishing Quality Care in Early Detection and Lung Cancer

Although every Lung Cancer Screening and Incidental Pulmonary Nodule (IPN) program is different, they all share common pieces. Whether your role is program building, expanding, and/or navigating, you need to have the final picture in mind.

When assembling any puzzle, experts understand the importance of framing the image. The puzzle (pieces) below describes key insights for lung cancer screening and IPN programs with foundational pieces on the edges. Utilize these insights to assess, enhance, and frame your lung health program's picture in navigating from early detection to lung cancer.



The LungAmbition Alliance

The Lung Ambition Alliance, a global coalition with partners across disciplines in over 50 countries, was formed to combat lung cancer through accelerating innovation and driving forward meaningful improvements for people with lung cancer. We do this by advocating for improved approaches in three areas: screening and early diagnosis, accelerated delivery of innovative medicine, and improved quality care.

AONN Academy of Oncology Nurse & Patient Navigators

Considerations to Establishing Quality Care in Early Detection and Lung Cancer



Referral Process Management

- Standardized referral process for patients considered for lung screening and IPN management¹
- Establish effective communication with area primary care physicians for referrals²
- Multidisciplinary teams across multiple facilities, for patient hand-off process



Multidisciplinary Team Coordinated Care

- Dedicated patient navigators¹
- Dedicated physician and administrative champions¹
- Clearly defined multidisciplinary roles for lung screening and IPN management programs^{3,4}
- Involvement and coordination of thoracic pathologists for specimen review, pulmonologists, thoracic surgeons, and interventional radiologists³
- Regularly scheduled program quality review meetings¹



IPN and Lung Screening Protocols

IPN

- Development of emergency department protocols for management of IPN patients identified in the emergency department⁵
- Standardized IPN referral and intake protocols with consideration of establishing a dedicated nodule clinic⁶
- Communication protocols for IPN patients and their primary care providers

Lung Screening

- Standardized lung screening referral and intake protocols⁷⁻¹¹
- Communication protocols for lung screening patients and their primary care providers²



Surveillance Systems

- Implementation of broad-based IT initiatives to support collaboration across clinical settings²
- Standardized and integrated reporting tools for lung nodule programs^{12,13}
- Linkages with data management system/imaging centers, EMR platforms, and standardized surveillance protocols
- Registration of lung cancer screening facility with the ACR Lung Cancer Screening Registry® (LCSR)¹⁴



Community Outreach/Marketing

- Community outreach educational initiatives, smoking cessation programs, and tobacco treatment specialists^{7,15}
- Resources and ongoing strategies to market lung screening and IPN management programs¹⁶
- Print and web-based patient resources across the community and targeted groups, including healthcare providers¹⁶



Patient Education Shared Decision-Making

- Encourage and ensure patients are active participants in the shared decision-making process⁷
- Offer referrals to pulmonary rehabilitation services following active treatment¹⁷



Primary Care Physician Engagement

- Proactive pattern of communication with primary care physicians for patients undergoing treatment, surveillance, and follow-up¹⁸



Financial and Quality Metrics

- Apply national and/or regional metrics to measure financial impact (costs and benefits) of lung screening and IPN management programs¹⁹
- Financial advocates, navigators, and/or financial counselors to provide support to patients¹⁶
- Identify national and/or regional metrics to monitor quality standards²⁰

References: 1. Watson L, et al. *Public Health Rep.* 2021;136:397-402. 2. Percac-Lima S, et al. *Cancer Med.* 2018;7:894-902. 3. Hardavella G, et al. *Breathe (Sheff).* 2020;16:200076. 4. Spira A, et al. *N Engl J Med.* 2004;350:379-392. 5. Blagev DP, et al. *J Am Coll Radiol.* 2014;11:378-383. 6. MacMahon H, et al. *Radiology.* 2017;284:228-243. 7. US Preventive Services Task Force, et al. *JAMA.* 2021;325:962-970. 8. Moyer VA, et al. *Ann Intern Med.* 2014;160:330-338. 9. Centers for Medicare & Medicaid Services. www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCId=274. Accessed November 29, 2021. 10. National Comprehensive Cancer Network®. www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf. Accessed November 10, 2021. 11. American College of Radiology. www.acr.org/-/media/ACR/Files/RADS/Lung-RADS/LungRADSAssessmentCategoriesv1-1.pdf. Accessed November 29, 2021. 12. American College of Radiology. www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads. Accessed September 7, 2021. 13. Pinsky PF, et al. *Ann Intern Med.* 2015;162:485-491. 14. American College of Radiology. www.acr.org/Practice-Management-Quality-Informatics/Registries/Lung-Cancer-Screening-Registry. Accessed November 23, 2021. 15. National Comprehensive Cancer Network®. www.nccn.org/professionals/physician_gls/pdf/smoking.pdf. Accessed October 31, 2021. 16. Wang GX, et al. *Radiology.* 2019;290:278-287. 17. Rivas-Perez H, et al. *Respir Med.* 2015;109:437-442. 18. Hunnibell LS. *Lung Cancer Manage.* 2014;3:229-231. 19. Criss SD, et al. *Ann Intern Med.* 2019;171:796-804. 20. Mazzone PJ, et al. *Chest.* 2021;160:368-378.