

# Lung Cancer Screening Learning Session

Presented for McLaren Physician Partners  
August 30, 2023

# Disclosure Statements

## Speakers, planners and coordinators:

- **Julee Campbell, MPH, CPHQ**, has no relevant financial relationship(s) with ineligible companies to disclose.
- **Tesia Looper, MSA**, has no relevant financial relationship(s) with ineligible companies to disclose.
- **James Mitchiner, MD, MPH**, has no relevant financial relationship(s) with ineligible companies to disclose.
- **Elise Wilson, MPH**, has no relevant financial relationship(s) with ineligible companies to disclose.

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- Your name (first and last)
- Your credentials
- Names and credentials of anyone else in the room with you

# Who is iMPROve Health?

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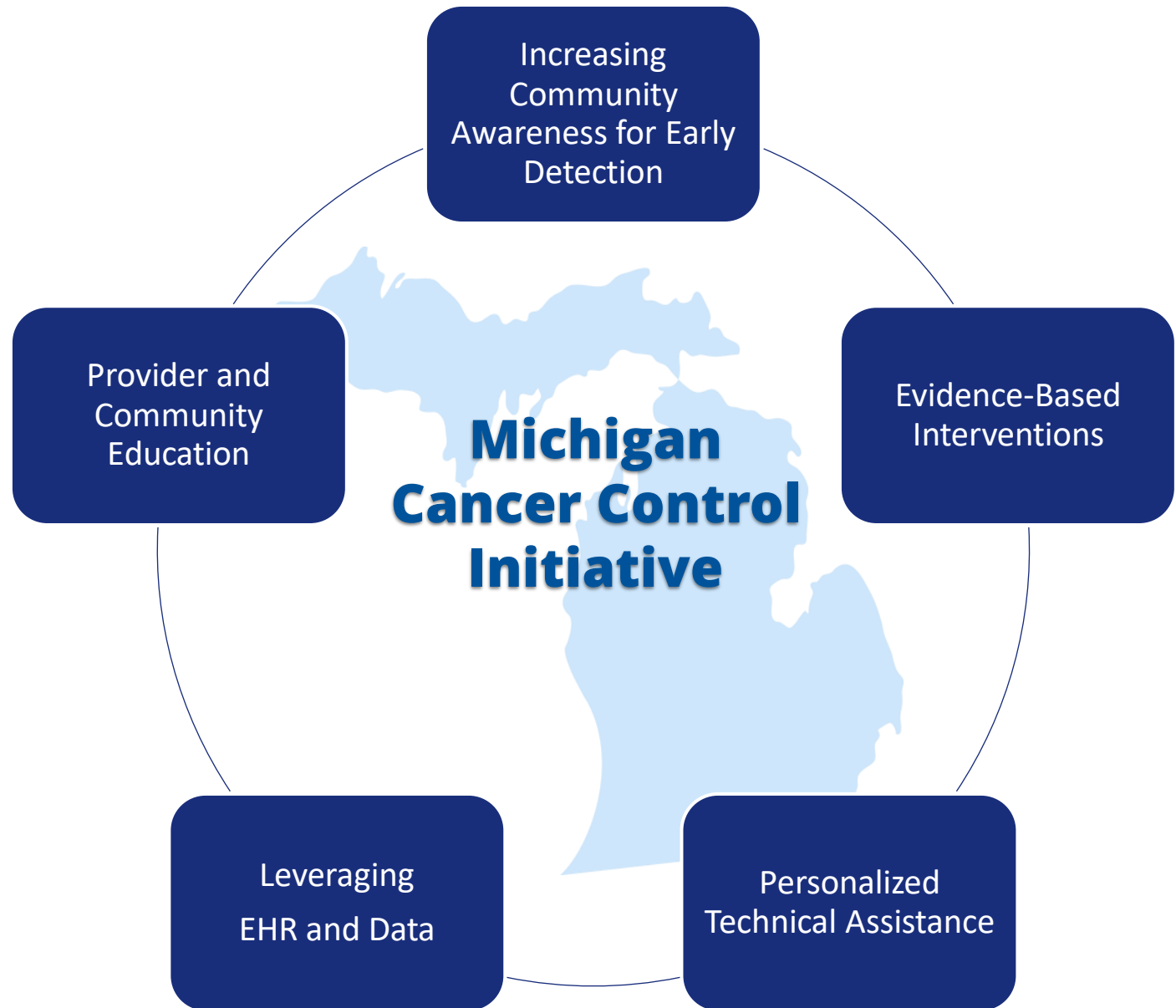
## REVIEW SERVICES



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For more information, visit: [iMPROve Health](https://www.improve.health)

# Michigan Cancer Control Initiative Objectives



For more information, visit: [Cancer Control | iMPROve Health](#)

# Cancer Control Project Partners

***This activity is supported in part by the Michigan Department of Health and Human Services.***

# Session Objectives

- Explain local prevalence of commercial tobacco use, lung cancer incidence and mortality, and the importance of early detection.
- Describe lung cancer screening recommendations, eligibility criteria, benefits, risks and costs.
- Understand how to identify eligible patients and conduct counseling and shared decision-making visits.
- Identify quality measures that will be impacted by referral processes for lung cancer screening.
- Find strategies and resources for promoting lung cancer screening and commercial tobacco cessation.

# We Must Talk to Patients about Lung Cancer Screening

**Nearly 70%**

**of respondents were not familiar with the availability of lung cancer screening for early detection of the disease.**

**73%**

**of adults have not spoken with their doctor about their risk for lung cancer and only 40% are concerned they might get the disease.**

Sources and graphics: American Lung Association. 2022 National Lung Health Barometer. [Lung Health Barometer | American Lung Association](#)  
American Lung Association. 2022 Lung Health Barometer Media Summary. [Lung Health Barometer Media Summary 2022](#)



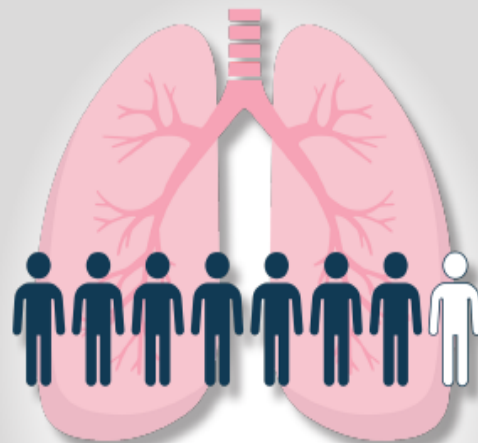
# LUNG CANCER SCREENING SAVES LIVES

## Lung Cancer is #1 Cause of Cancer Deaths



Screening with low dose CT\* can detect lung cancer early and save lives

## More Screening is Needed



**7 of 8** adults who met **screening criteria** did not report recommended screening

## Healthcare Providers: Discuss Screening



### With Adults

- Age 55–80
- Heavy smoking history\*\*
- Smoke now or quit within the past 15 years

\*Low-dose computed tomography (CT) is the only test recommended by the US Preventive Services Task Force.

\*\*Heavy smoking is a smoking history of 30 pack-years or more. A pack-year is smoking an average of one pack of cigarettes per day for one year. Data from BRFSS, 10 states in 2017, as reported in Richards et al, *MMWR* 2020 Read the full report: [bit.ly/CDCVA34](https://bit.ly/CDCVA34)

[WWW.CDC.GOV](https://www.cdc.gov)

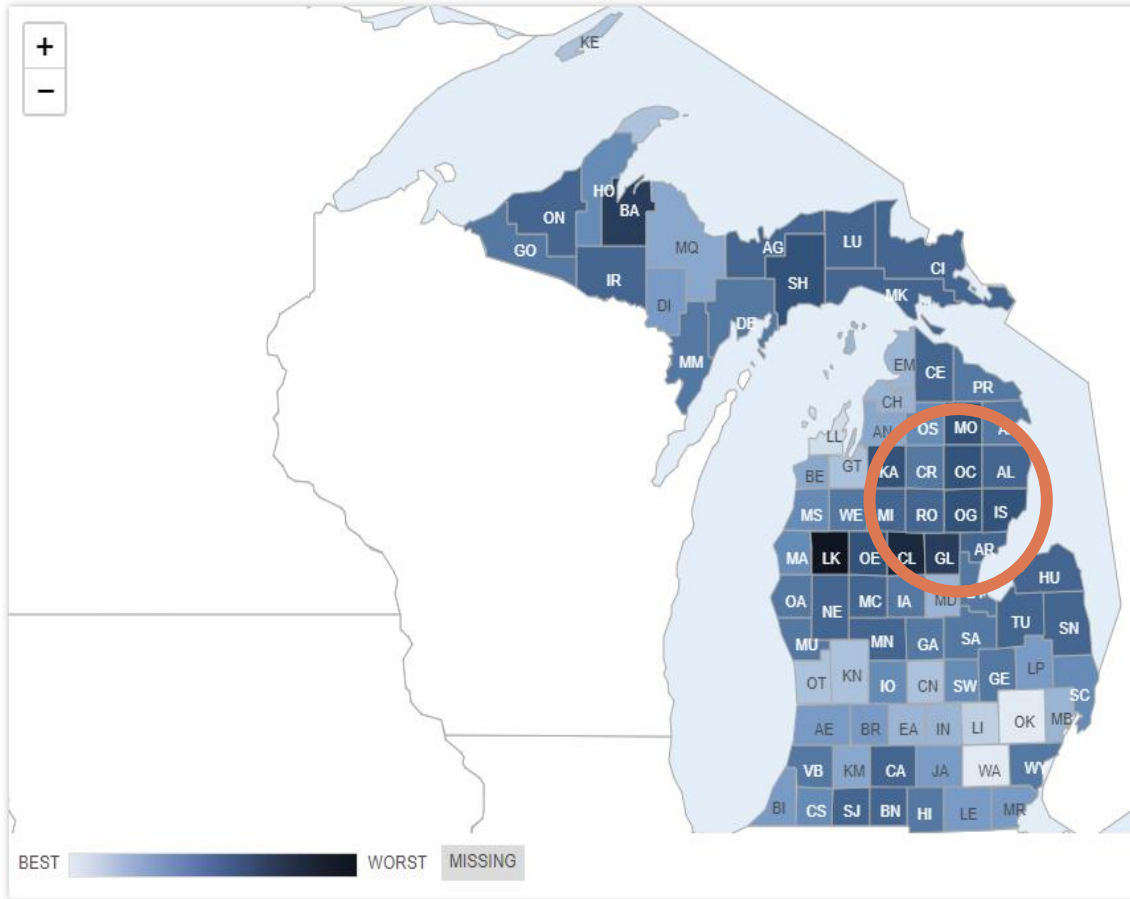
CS 14820-B

Source: Richards TB, Soman A, Thomas CC, et al. Screening for Lung Cancer — 10 States, 2017. *MMWR Morb Mortal Wkly Rep* 2020;69:201–206.

DOI: [https://dx.doi.org/10.15585/mmwr.mm6908a1external\\_icon](https://dx.doi.org/10.15585/mmwr.mm6908a1external_icon)

# Tobacco Use & Lung Cancer in Michigan

# Percent of Adults Who Are Current Smokers



**Smoking is the leading cause of lung cancer.**

Highest burden areas are shown in dark blue

Range in Michigan (min.-max.): **14-27%**

Michigan overall: **19%**

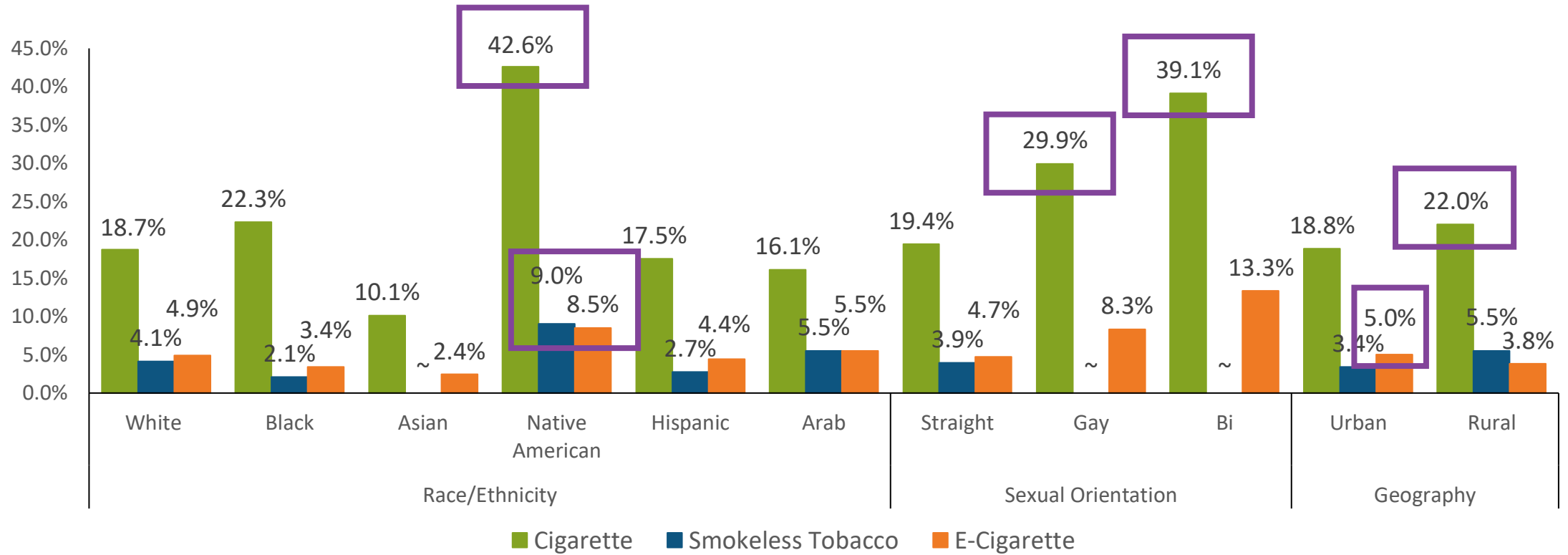
<b>Adult Cigarette Use</b>
2021: 17%
2011: 23.3%

<b>Adult Smokeless Tobacco Use</b>
2021: 2.6%
2011: 4.4%

<b>Adult E-Cigarette Use</b>
2021: 7.6%
2016: 4.9%

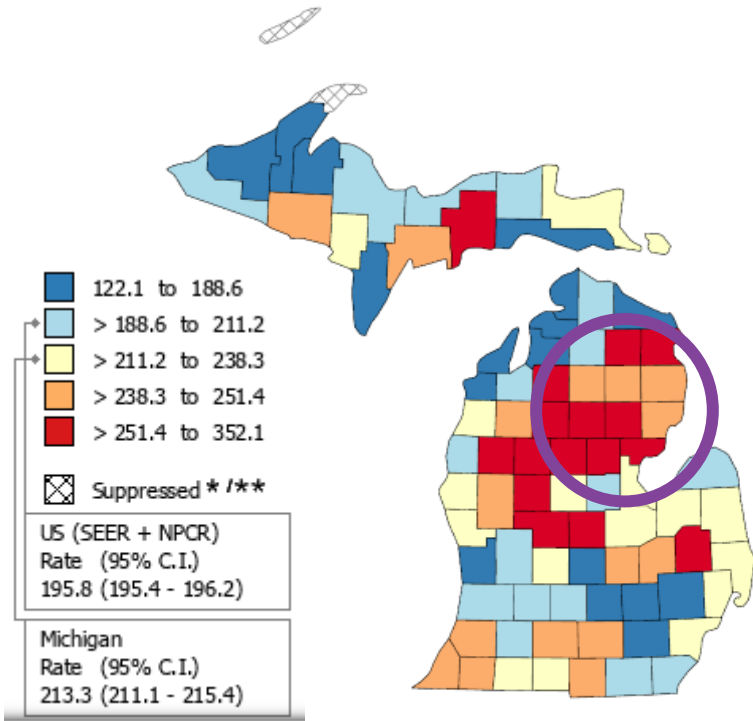
Sources: University of Wisconsin Population Health Institute School of Medicine and Public Health, Support provided by Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. Michigan 2023. [Michigan | County Health Rankings & Roadmaps](#). Years of data used: 2020. Michigan Department of Health and Human Services. Michigan BRFS Annual Tables. [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424-134606--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134606--,00.html)

# Disparities in Tobacco Use in Michigan

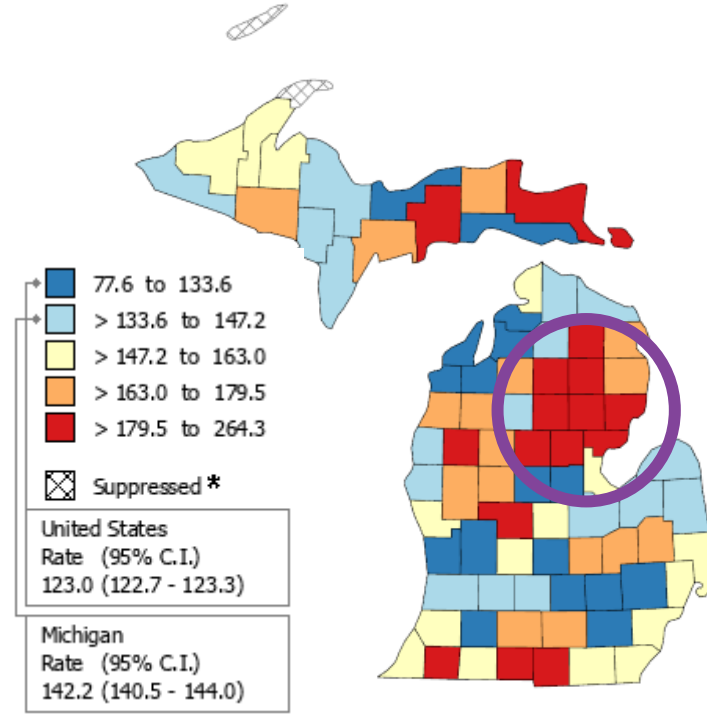


Source: 2016-2017 Michigan Behavioral Risk Factor Survey

# Lung Cancer Incidence and Mortality



**State of Michigan Incidence Rate, Ages 50+:**  
**213.3 per 100,000**  
 (2015-2019 National Cancer Institute State Cancer Profiles)

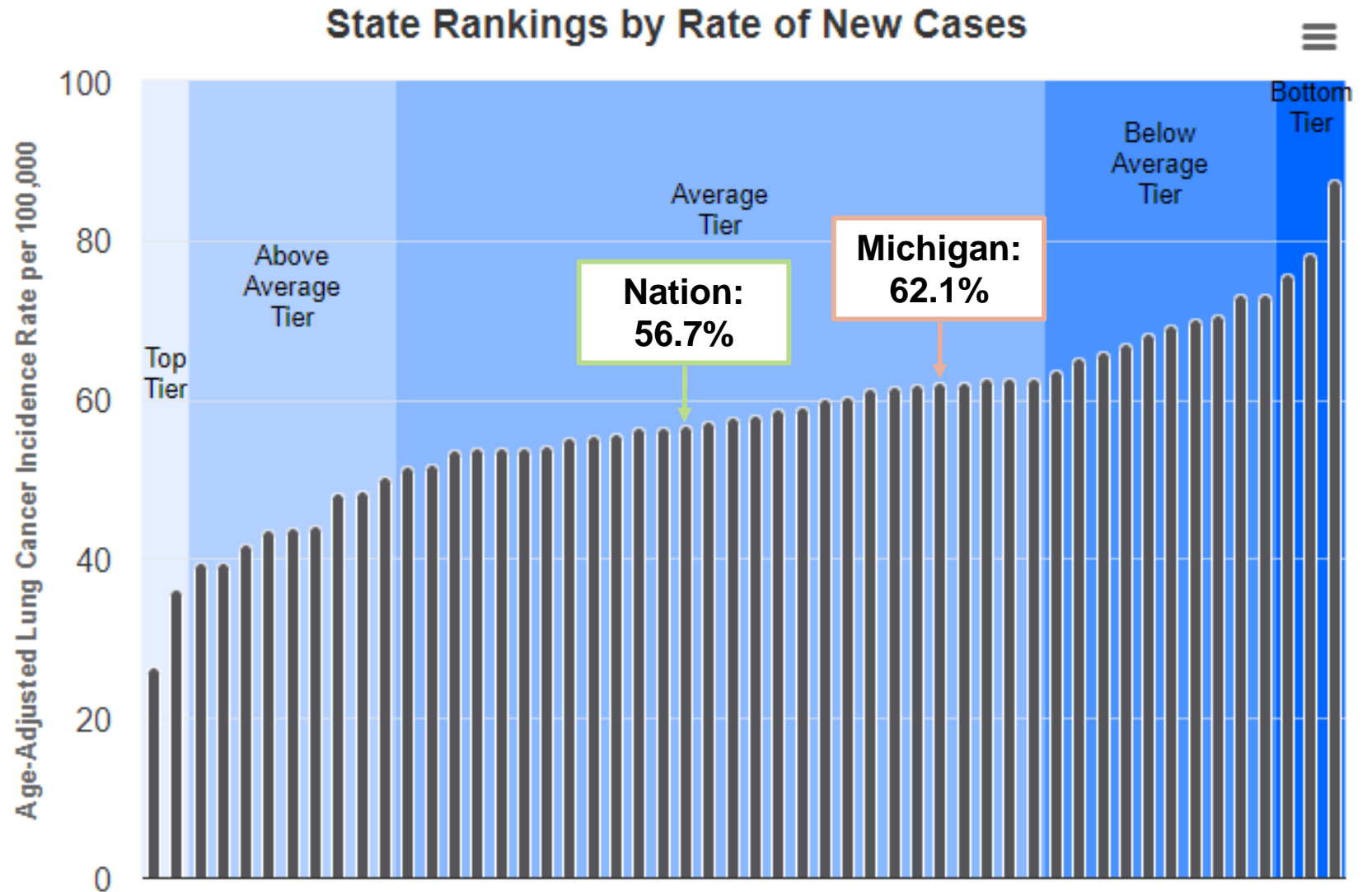


**State of Michigan Mortality Rate, Ages 50+:**  
**142.2 per 100,000**  
 (2016-2020 National Cancer Institute State Cancer Profiles)

Sources: Incidence Rates for Michigan by County. Lung & Bronchus (All Stages), 2015-2019. All Races (Including Hispanic), Both Sexes, Ages 50+. National Cancer Institute State Cancer Profiles. [Interactive Maps \(cancer.gov\)](https://interactive-maps.cancer.gov)  
 Death Rates for Michigan by County. Lung & Bronchus (All Stages), 2016-2020. All Races (Including Hispanic), Both Sexes, Ages 50+. National Cancer Institute State Cancer Profiles. [Interactive Maps \(cancer.gov\)](https://interactive-maps.cancer.gov)

# Rankings and Trends in New Cases

- MI's rate of new lung cancer cases is significantly higher than the national rate
- MI ranks 35<sup>th</sup> among all states (average tier)
- Our rate of new cases has improved by 9% over the last 5 years



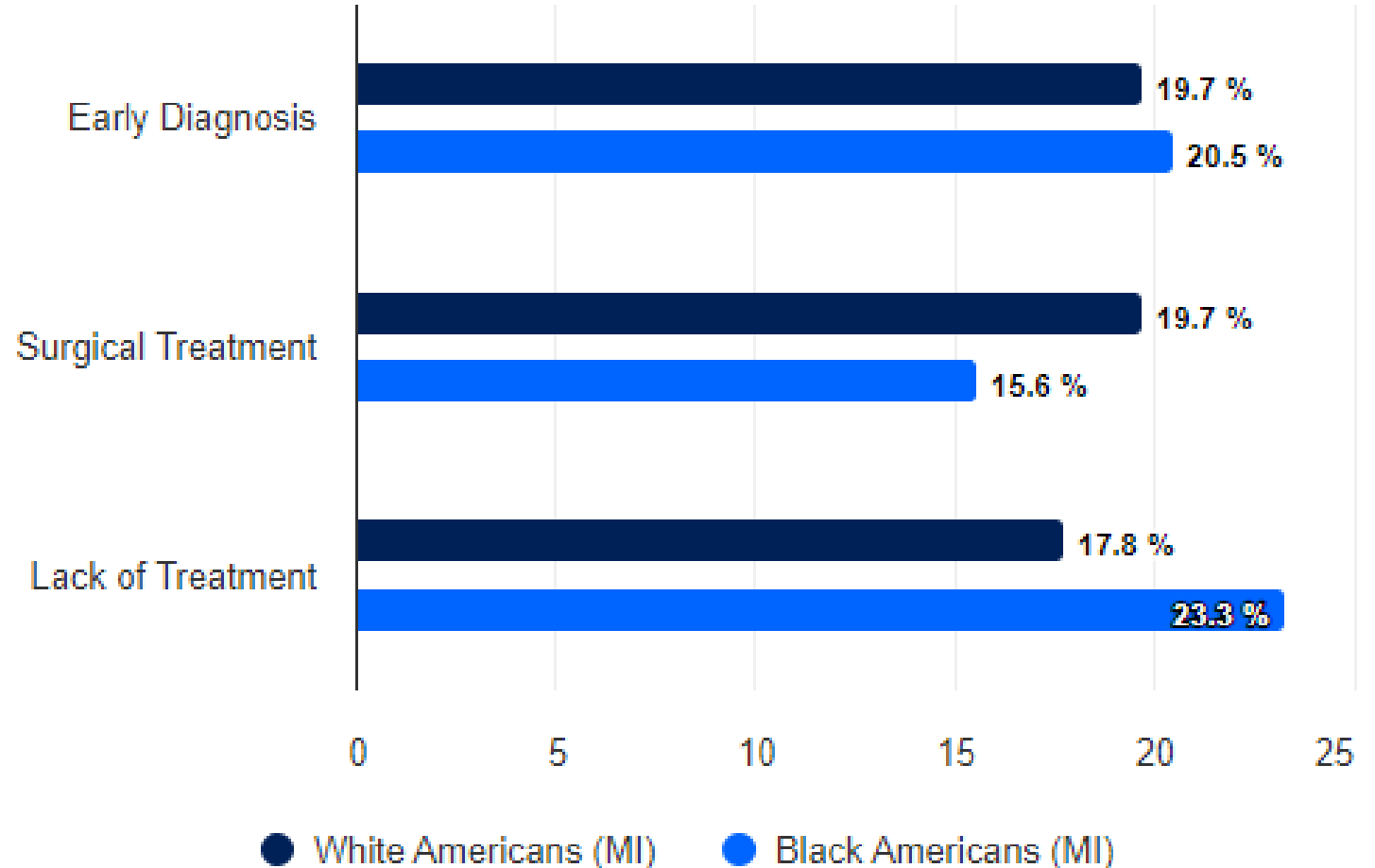
Source: American Lung Association. State of Lung Cancer 2022. Michigan. <https://www.lung.org/research/state-of-lung-cancer/states/michigan>

# Health Disparities

New lung cancer cases and lack of treatment among Black Americans in Michigan were **significantly higher** compared to white Americans in Michigan (69 vs. 64 per 100,000, and 23% vs. 18%, respectively).

Lung cancer cases diagnosed at an early stage and the percentage of those with lung cancer who underwent surgery among Black Americans in Michigan were **significantly lower** when compared to white Americans in Michigan (19% vs 23%, and 16% vs. 20%, respectively).

## Lung Cancer Disparities among Black Americans



Highcharts.com

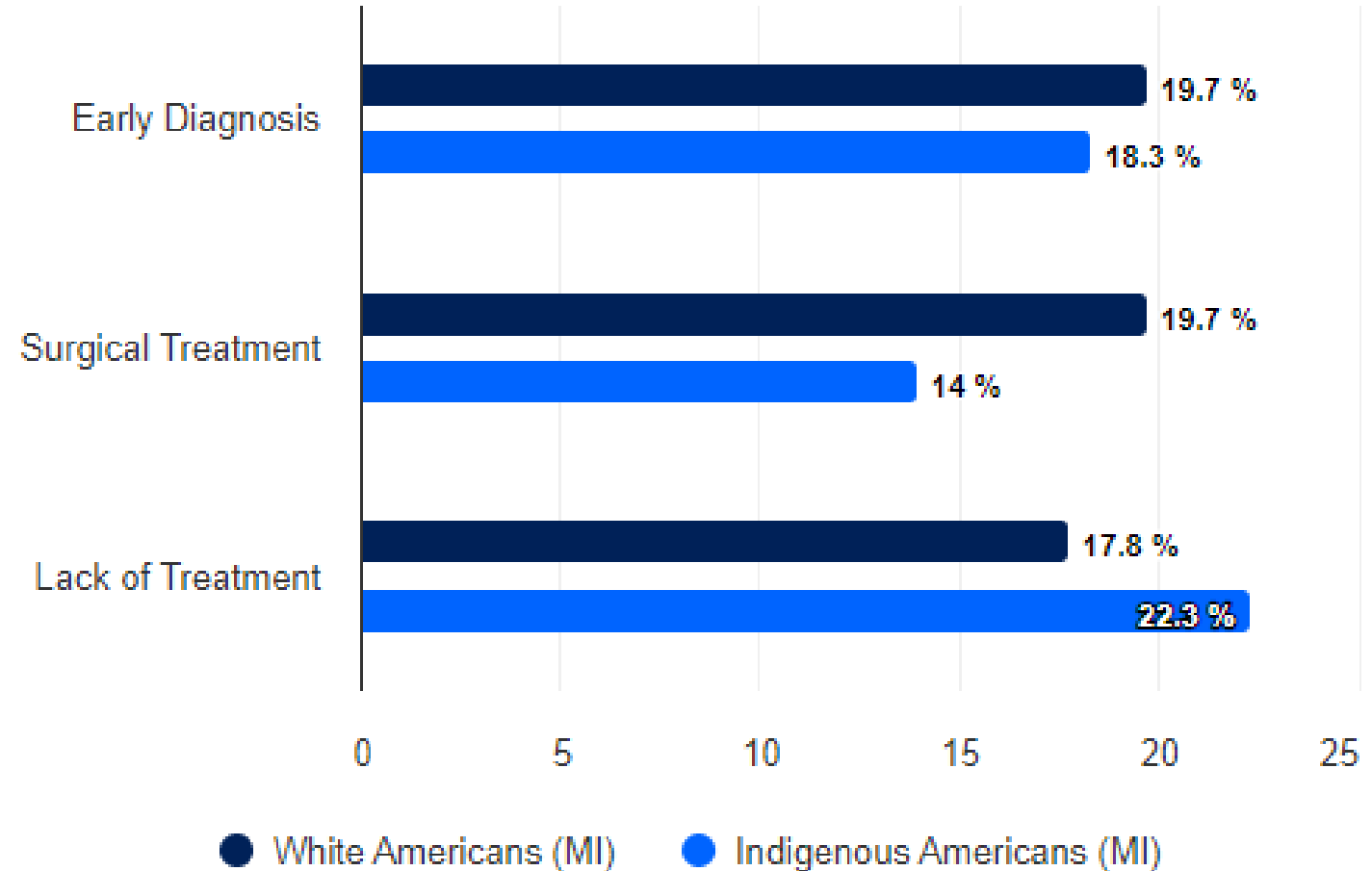
Source: American Lung Association. State of Lung Cancer 2022. Michigan. <https://www.lung.org/research/state-of-lung-cancer/states/michigan>

# Health Disparities (cont.)

The rate of new lung cancer cases among Indigenous Peoples (American Indians/Alaska Natives) in Michigan was **significantly higher** compared to white Americans in Michigan (110 vs. 64 per 100,000).

Lung cancer cases diagnosed at an early stage and the percentage of those with lung cancer who underwent surgery among Indigenous Peoples (American Indians/Alaska Natives) in Michigan were **significantly lower** when compared to white Americans in Michigan (16% vs 23%, and 13% vs. 20%, respectively).

## Lung Cancer Disparities among Indigenous Americans



Highcharts.com

Source: American Lung Association. State of Lung Cancer 2022. Michigan. <https://www.lung.org/research/state-of-lung-cancer/states/michigan>



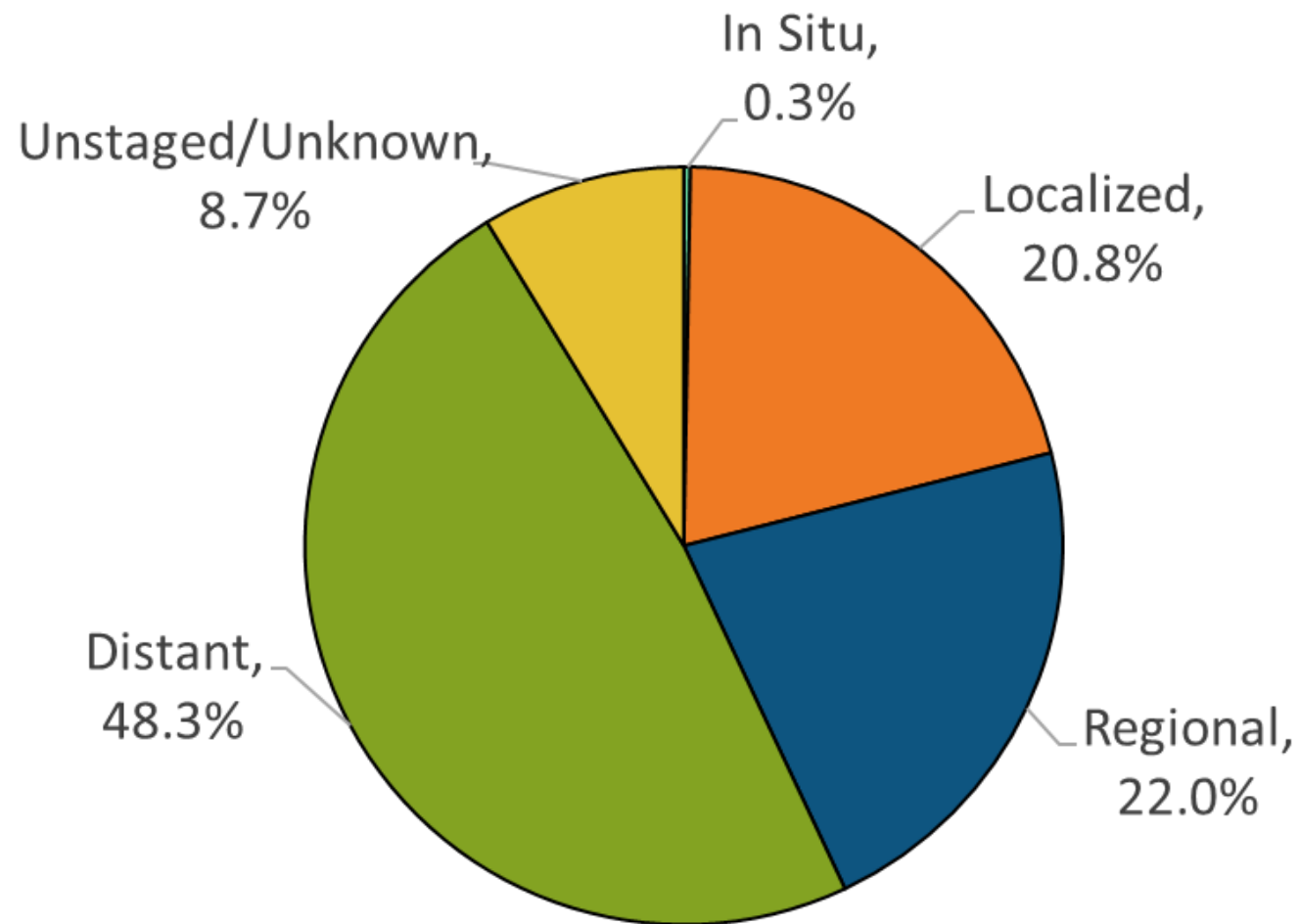
# Lung Cancer Staging and Survival

## Early detection is key

Early detection increases rate of survival.

Currently, most lung cancers are detected at distant stages.

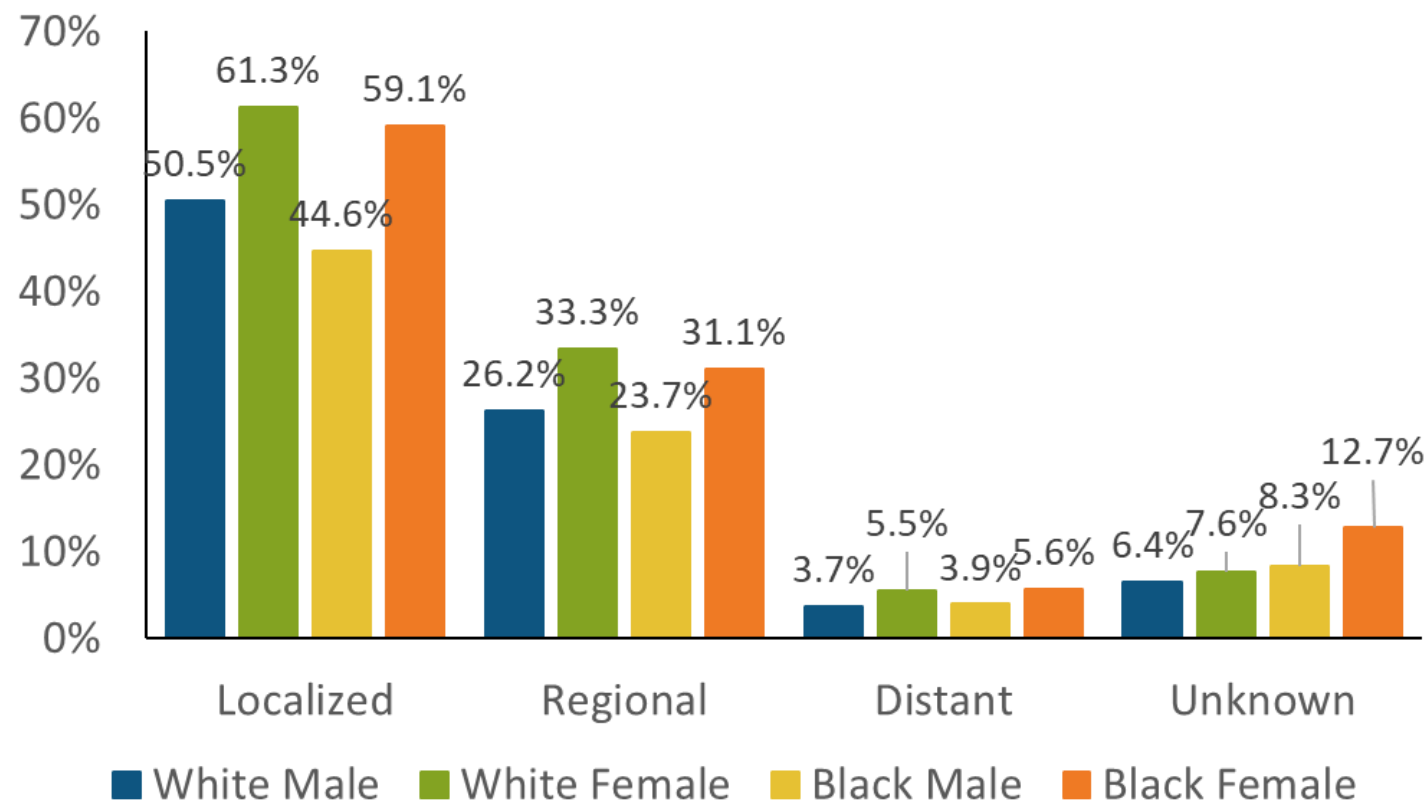
Lung Cancer Staging, 2014-2016



# Lung Cancer Staging and Survival (cont.)

Survival rates increase when diagnosed at regional stages and are highest when diagnosed in localized stages

U.S. Five-Year Relative Survival Percentage by Stage at Diagnosis, SEER 2008-2014



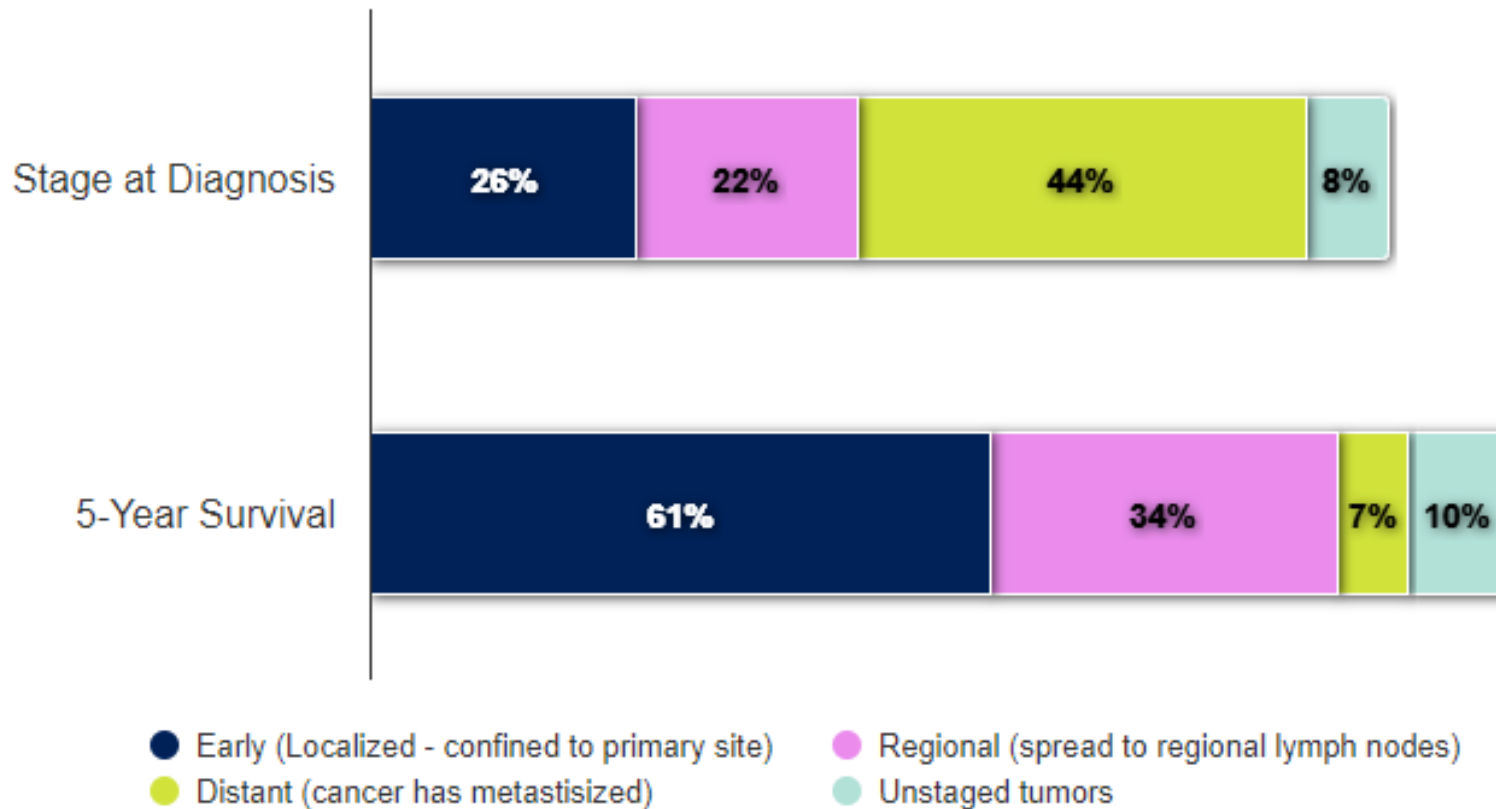
Source: Michigan Cancer Surveillance Program, Division of Vital Records and Health Statistics

# Lung Cancer Staging and Survival (cont.)

## Compare to Michigan data

- 23% of cases are caught at an early stage
- MI ranks 39<sup>th</sup> of the 49 states with data on diagnosis at an early stage (below average tier)
- In the past 5 years, the early diagnosis rate in MI improved by 41%

Stage at Diagnosis and 5-Year Survival Rate



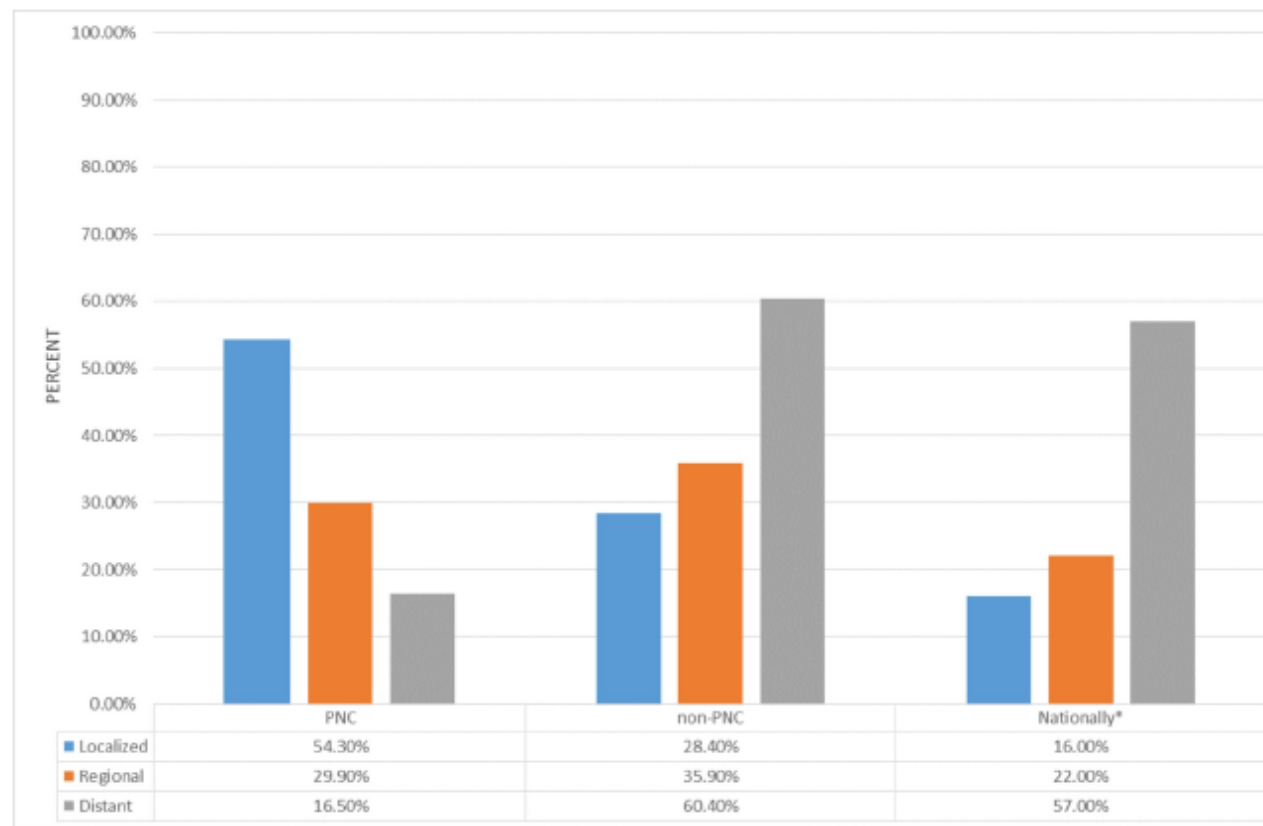
Highcharts.com

Source: American Lung Association. State of Lung Cancer 2022. Michigan. <https://www.lung.org/research/state-of-lung-cancer/states/michigan>

# Early Detection Contributes to Increased Survival

- A health care system established a pulmonary nodule clinic (PNC) to review CT scans
- The PNC helped diagnose lung cancer at an earlier stage compared to patients not reviewed by lung nodule clinic and to national data
  - Lung nodule clinic: Diagnosed at stage 1: 54.3%
  - Non-lung nodule clinic: Diagnosed at stage 1: 28.4%
- Conclusions
  - Lung cancer survival is directly related to the stage at diagnosis
  - Earlier identification of malignant nodules → earlier diagnosis → increased survival

# Early Detection Contributes to Increased Survival (cont.)

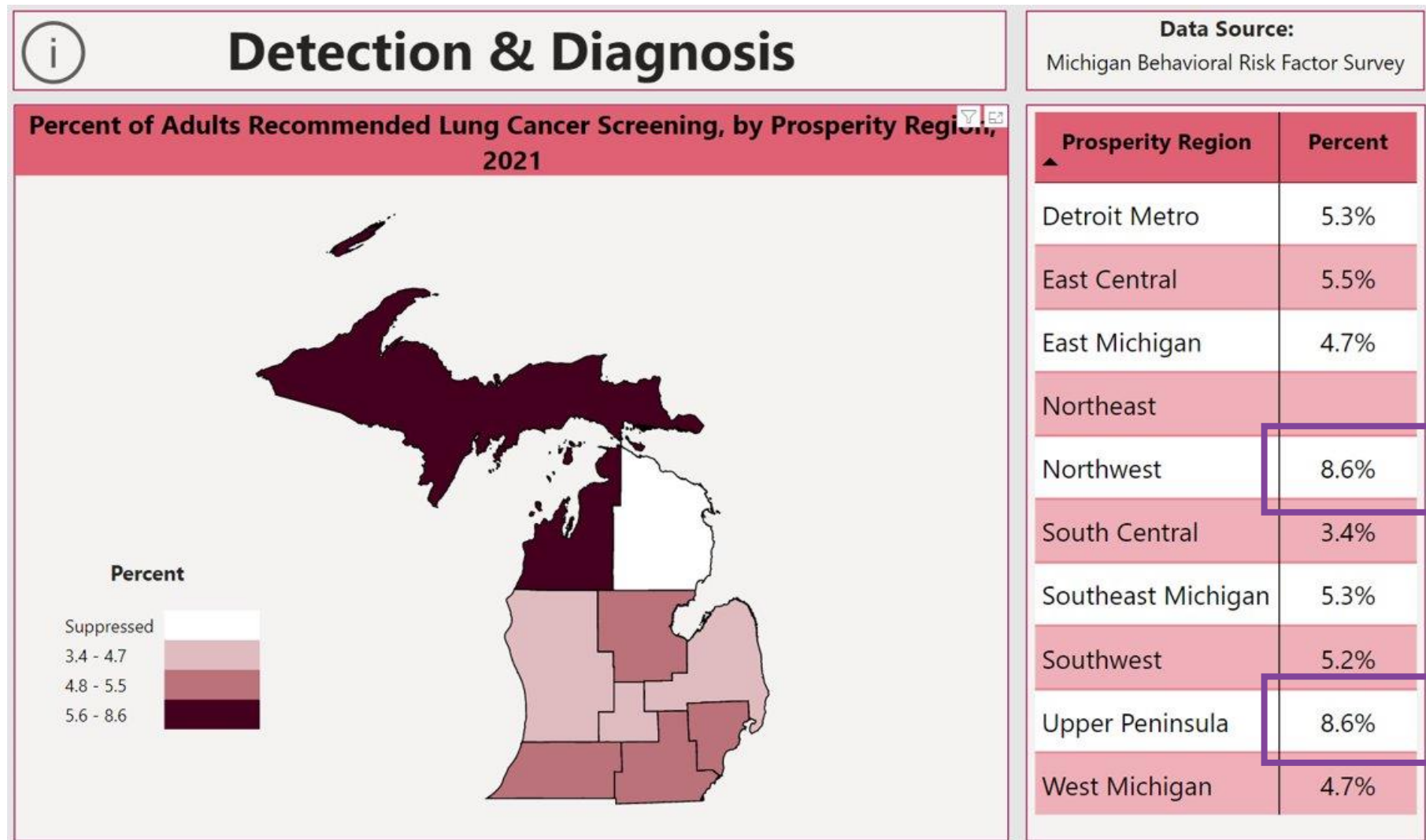


**FIGURE 2: Stage at diagnosis for pulmonary nodule clinic (PNC) patients, non-PNC patients, and nationally**

Source: Melton N, Lazar J F, Moritz T A (March 11, 2019) A Community-based Pulmonary Nodule Clinic: Improving Lung Cancer Stage at Diagnosis. Cureus 11(3): e4226. doi:10.7759/cureus.4226. [Cureus | A Community-based Pulmonary Nodule Clinic: Improving Lung Cancer Stage at Diagnosis](#)

# Populations in Need of Lung Cancer Screening

Identifying patients who are eligible is key in timely referral and screening

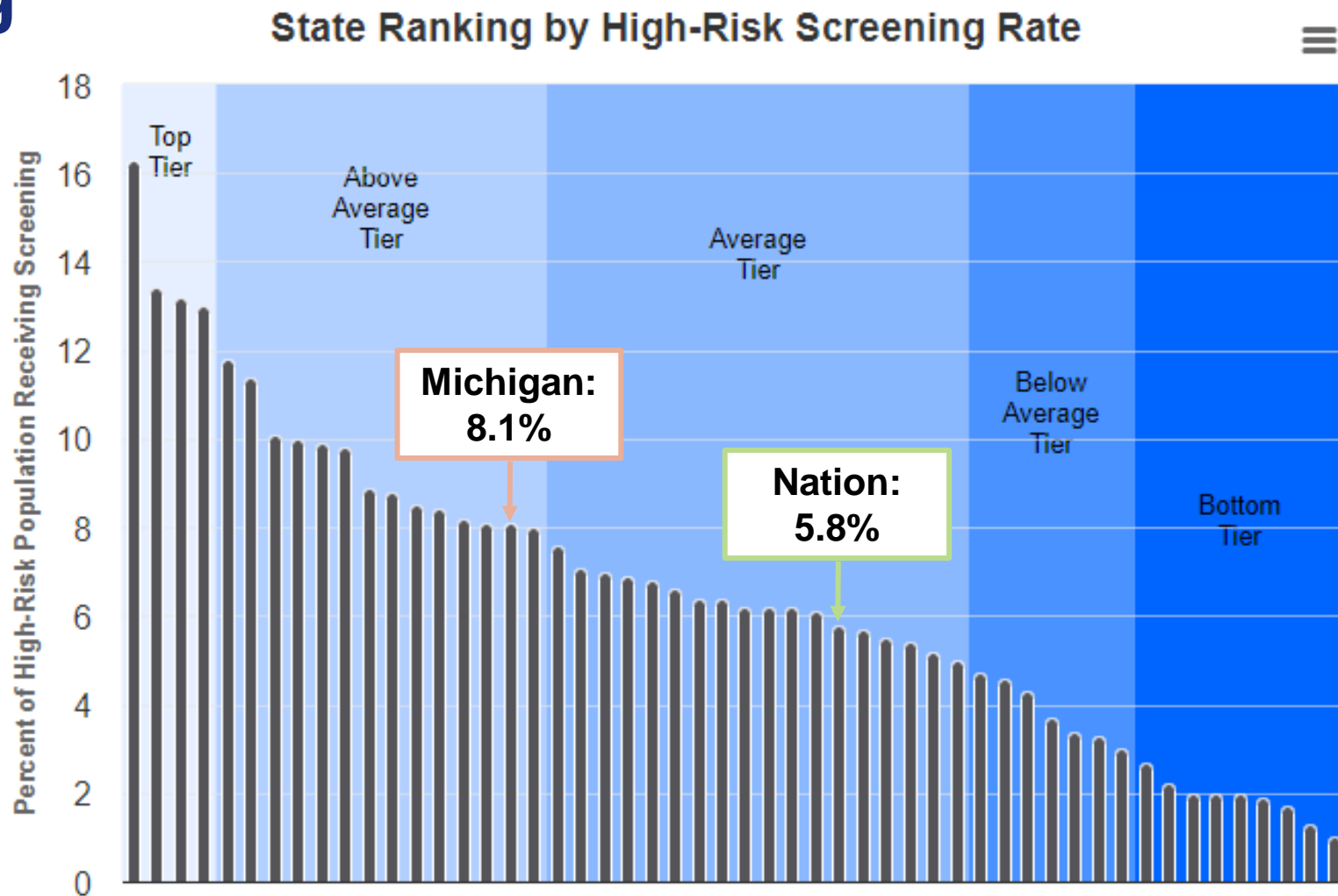


Source: Michigan Cancer Dashboard: Michigan Cancer Atlas, 2015-2021

# State Ranking by High-risk Screening Rate

- 8% of those at high risk were screened (significantly higher than national rate of 6%)
- MI ranks 11<sup>th</sup> among all states (above average tier)
- Early diagnosis rate in MI falls into the below average tier

We still have work to do to make sure that more of those at high risk for lung cancer are being screened to detect lung cancer earlier.



Source: American Lung Association. State of Lung Cancer 2022. Michigan. <https://www.lung.org/research/state-of-lung-cancer/states/michigan>

# Low-dose Computed Tomography (LDCT) Screening for Lung Cancer

Screening test effectiveness, reimbursement and coverage

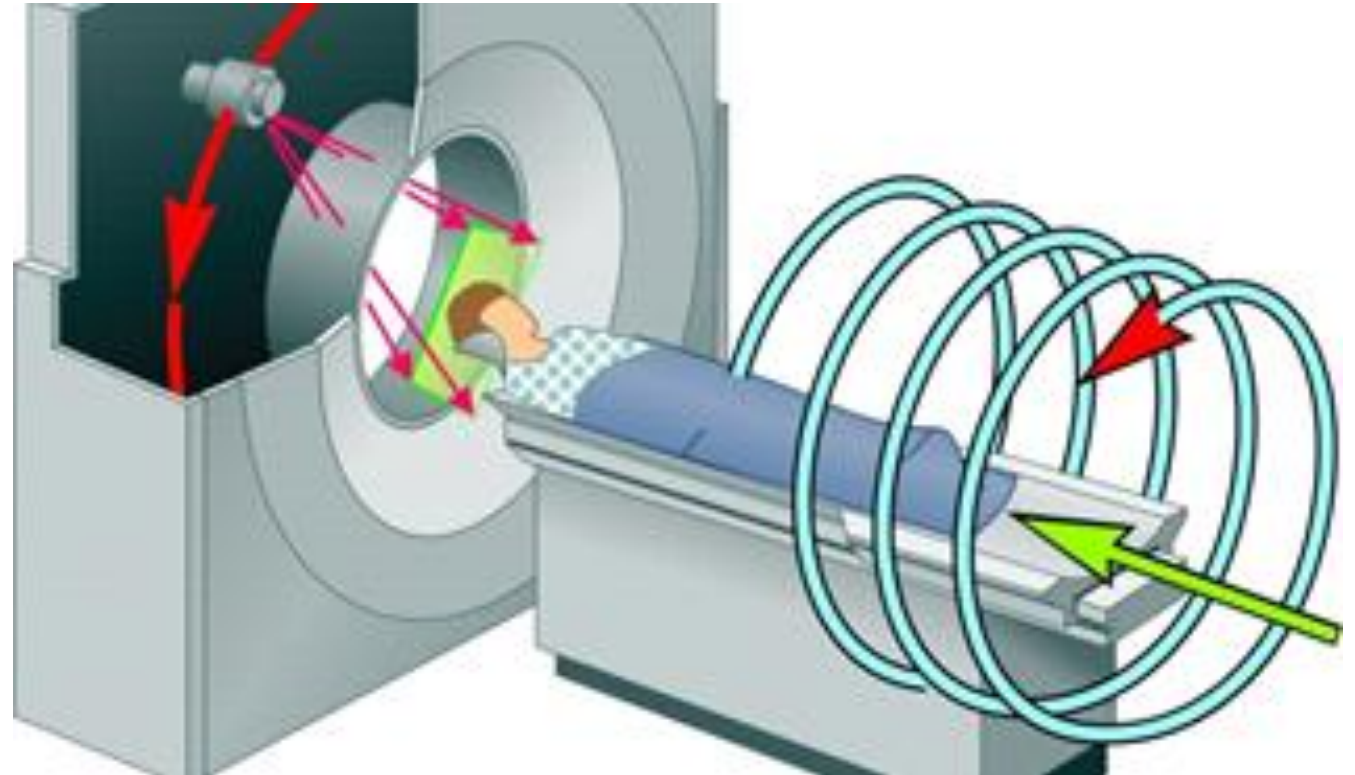


# LDCT Lung Cancer Screening

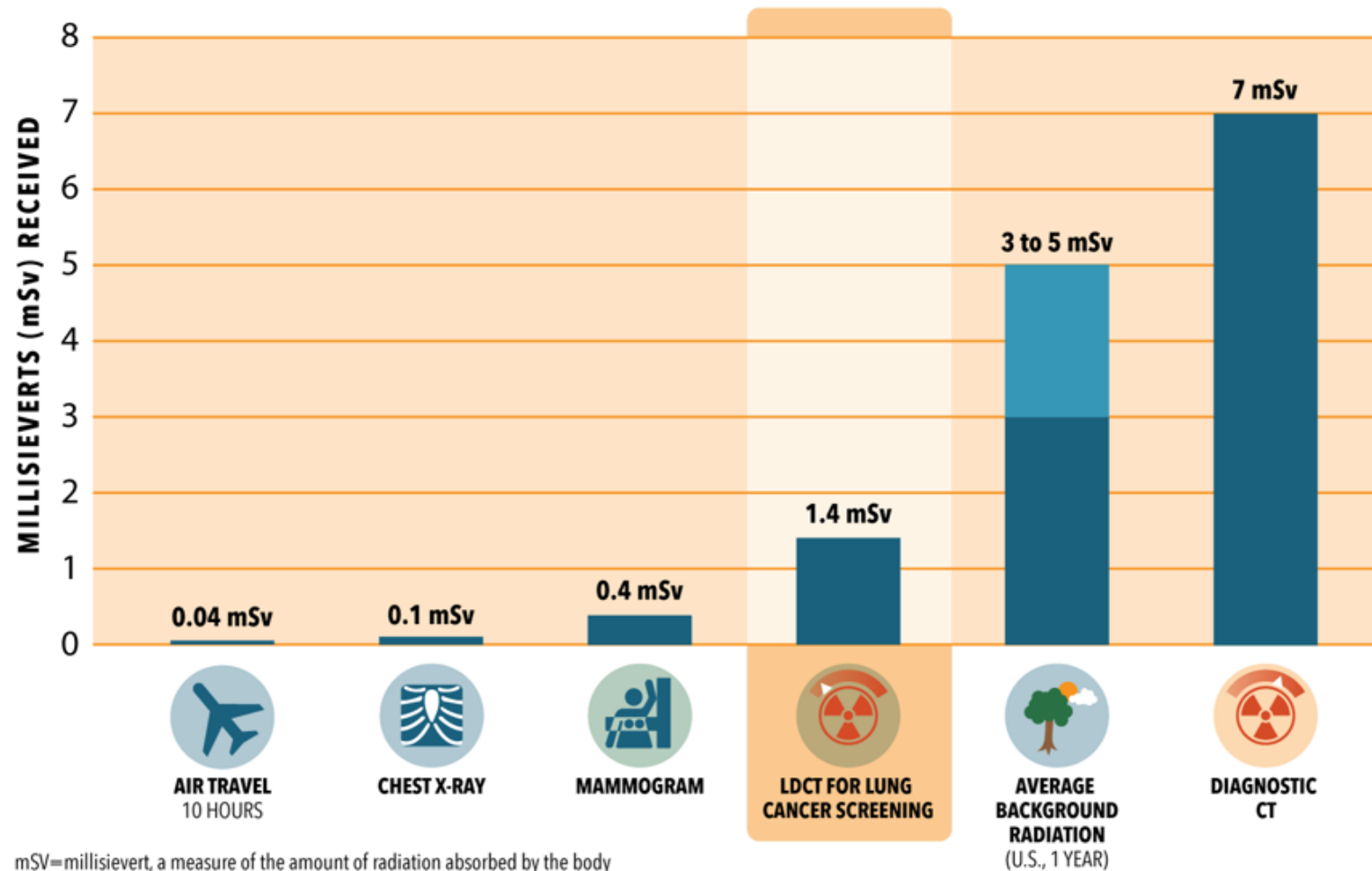
A low-dose helical computed tomography (CT) lung cancer screening is a non-contrast CT scan exam performed on patients who are at risk of developing lung cancer.

***AKA: low-dose CT, helical CT, spiral CT, LDCT***

LDCT uses X-rays to get multiple-image scan of the entire chest (*7-15 seconds*), while standard X-rays produce a single image of the whole chest where anatomic structures overlie one another.



# Comparing Sources of Radiation Exposure



Source: Agency for Healthcare Research and Quality (AHRQ). Is Lung Cancer Screening Right for Me? <https://www.lungcancerscreeningguide.org/wp-content/uploads/2018/10/AHRQlung-cancer-screening-decision-aid.pdf>

# LDCT vs. Chest X-ray for Lung Cancer Screening

## National Lung Screening Trial (NLST)

This study compared two ways of detecting lung cancer (LDCT vs. standard chest X-ray)

- 53,454 former or current heavy smokers (*30 pack-years*), ages 55-74
- Participants were randomly assigned to three annual screenings with either LDCT or standard chest X-ray

### Results

- Participants who received LDCT scans had a 15-20% lower risk of dying from lung cancer than participants who received standard chest X-rays
- Adenocarcinomas and squamous cell carcinomas detected more frequently at the earliest stage by LDCT compared to chest X-ray

# NELSON Trial

## Nederlands-Leuvens Longkanker Screenings Onderzoek Trial

This study compared lung cancer screening with LDCT vs. no screening

- 15,792 participants ages 50-74, with a smoking history of:
  - More than 15 cigarettes per day for > 25 years, or
  - More than 10 cigarettes per day for > 30 years
- Participants in the screening group underwent initial screening and three subsequent screens at year one, year three, and year 5.5

### Results

- 24% reduction in lung cancer mortality in the screening group compared to the no screening group
- At 10 years of follow-up:
  - Screening group: 2.50 deaths/1000 person-years
  - Control group (no screening): 3.30 deaths/1000 person-years

Sources: de Koning HJ, van der Aalst CM, de Jong PA, et al.: Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. N Engl J Med 382 (6): 503-513, 2020.

[https://www.nejm.org/doi/full/10.1056/NEJMoa1911793#article\\_citing\\_articles](https://www.nejm.org/doi/full/10.1056/NEJMoa1911793#article_citing_articles)

NIH National Cancer Institute. Lung Cancer Screening (PDQ®)-Health Professional Version. [https://www.cancer.gov/types/lung/hp/lung-screening-pdq#cit/section\\_1.3](https://www.cancer.gov/types/lung/hp/lung-screening-pdq#cit/section_1.3)

# U.S. Preventive Services Task Force Recommendation

***\*\*Final Recommendation Statement updated March 9, 2021\*\****

Final Recommendation Statement

## Lung Cancer: Screening

March 09, 2021

*Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.*



[Read the Full Recommendation Statement](#)

[Download \(PDF\)](#)

### Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	<b>B</b>

Source: United States Preventive Services Task Force. Final Recommendation Statement. March 09, 2021 Lung Cancer: Screening. <https://uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>.

# U.S. Preventive Services Task Force Recommendation

***\*\*Final Recommendation Statement updated March 9, 2021\*\****

<b>Recommendation finalized December 31, 2013</b>	<b>Recommendation finalized March 9, 2021</b>
Adults ages 55-80 years	<b>Adults ages 50-80 years</b>
30 pack-year smoking history	<b>20 pack-year smoking history</b>
<b>Currently smoke or have quit within the past 15 years</b>	
<b>Screening should be discontinued when a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery</b>	

Source: United States Preventive Services Task Force. Final Recommendation Statement. March 09, 2021 Lung Cancer: Screening.  
<https://uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>.

# LDCT Lung Cancer Screening Cost

- Without insurance coverage, the out-of-pocket cost of an LDCT scan can range from \$100-\$400
- Contact local screening programs for specific pricing and details

# Known Screening Coverage Details by Health Plan\*

\*Note: coverage dependent on patients meeting screening eligibility criteria and proper screening referral process

	Employer-Sponsored Plan	Medicare	State Health Insurance Marketplace Plan	Individual Plan	Michigan Medicaid (FFS)
<b>Differences from USPSTF eligibility criteria</b>	-	Ages 50-77	-	Contact plan for eligibility criteria	-
<b>Expected cost sharing?</b>	<b>No*</b> *May be co-pay for “out of network” facilities	<b>No*</b>	<b>No*</b>	<b>No*</b>	Covered without cost sharing under Medicaid expansion
<b>Additional costs?</b>	<b>No**</b> **May be facility fees, check that facility is “in network”	<b>No**</b>	<b>No**</b>	<b>No**</b>	<b>No**</b>
<b>Notes:</b>	If plan is “grandfathered” under ACA, not required to provide LCS coverage without cost sharing	Medicare Advantage plans may cover screening > age 78	-	Some plans may not cover LCS, contact the plan for coverage details	No prior authorization required. Coverage may vary between FFS & managed care plans

Sources: American Lung Association. Is lung cancer screening covered under your insurance? <https://www.lung.org/getmedia/36bf8cc4-4878-4289-969e-ee6b8b112e2a/lung-cancer-insurance-chart.pdf>  
 American Lung Association. Lung Cancer Screening Coverage in State Medicaid Programs. <https://www.lung.org/getmedia/cb086cfd-2fbb-4737-b518-e83cf1fcc411/lung-cancer-screening-1.pdf.pdf>  
 American College of Radiology. Status of Lung Cancer Screening Coverage. <https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Status-of-Lung-Cancer-Screening-Coverage.pdf>



# Identifying Eligible Patients

U.S. Preventive Services Task Force criteria, EHR use and documentation

# Eligibility Criteria for Lung Cancer Screening with LDCT

**To qualify for LDCT lung screening, patients must meet the following criteria**

- 50-80 years of age (*Medicare coverage includes 50-77*)
- Be asymptomatic (*no signs or symptoms of lung cancer*)
- Have a tobacco smoking history of at least 20 pack-years
  - 1 pack-year = 1 pack per day for 1 year
  - 1 pack = 20 cigarettes
  - 20 pack-years = 1 pack/day for 20 years, 2 packs/day for 10 years, etc.
- Be a current smoker or have quit within the last 15 years

Source: Centers for Medicare & Medicaid Services. Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). Decision Memo. February 10, 2022.  
<https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed>

# Calculating Pack-years

[shouldiscreen.com](http://shouldiscreen.com)  
[smokingpackyears.com](http://smokingpackyears.com)

## Pack year calculator

A pack-year is used to describe how many cigarettes you have smoked in your lifetime, with a pack for the last 20 years, or two packs a day for the last 10 years, you have 20 pack-years. In other words, taking into account how long you have smoked, and how much you have smoked. Currently, having 20 pack-years is the threshold that must be met to be recommended for screening.

1. For how many years have you smoked?

2. On average, how many cigarettes did you smoke per day? There are 20 cigarettes in a pack.

Calculate

Your smoking exposure is 20 pack-years.

[← Causes of lung cancer](#)

# Documenting Smoking History in the EHR

1. Smoking status
2. Start & quit dates
3. Type of tobacco product
4. Packs/day
5. Number of years

Some EHRs may auto-calculate  
**‘Pack Years’**

Smoking Status:

Start Date:

Quit Date:

Types:  Cigarettes  Pipe  Cigars  Hookah

Nicotine Vapors

Packs/Day:

Years:

Pack Years: 51

# Tobacco Cessation Intervention Codes

Code	Code definition
Z71.6	Diagnosis code used to specify a diagnosis of tobacco abuse counseling.
99406	CPT code for smoking and tobacco use cessation counseling visit; intensive, more than 3 minutes, up to 10 minutes.
99407	CPT code for smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.
4004F	CPT code for patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD).

Source: Healthy Behavior Optimization for Michigan. Value Based Reimbursement Smoking Cessation Toolkit.

# Tobacco Cessation Quality Measure

**CMS Measure:** “Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention”

**Current performance**

**McLaren ACO:**

**93.1%** of patients who were identified as using tobacco received a cessation intervention.

# Referring Patients to Lung Cancer Screening

Shared decision-making

# Counseling and Shared Decision-making Visit

**National Coverage Determination (NCD) released by CMS (February 2022) modifies shared decision-making (SDM) requirements.**

- Removes specificity on type of provider able to furnish SDM visits
- Removes some specificity around documentation of information on patient eligibility criteria
- Removes requirement for a “written” order for LDCT

Intention to increase flexibility, reduce burden and broaden access to LDCT.



# Counseling and Shared Decision-making Visit (cont.)

## Shared decision-making includes

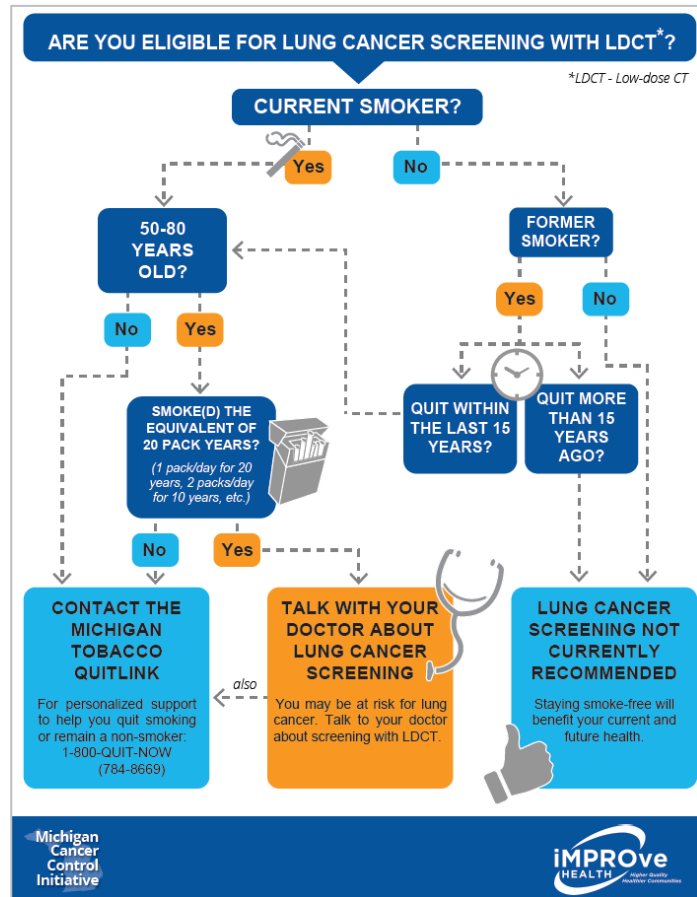
- Use of one or more decision aids
- Importance of adherence to annual lung cancer LDCT screening
- Impact of comorbidities and ability or willingness to undergo diagnosis and treatment
  - Benefits and harms of screening; follow-up diagnostic testing; chances of over-diagnosis and treatment
- Counseling on importance of beginning or maintaining tobacco smoking abstinence
- When appropriate, provide information about tobacco cessation interventions

SDM visit must occur before a person's **initial** lung cancer LDCT screening

### Consider:

- Is your team providing a shared decision-making visit prior to lung screening?
- What are the barriers?

# Resources: Talking with patients about eligibility criteria for screening



## Lung Cancer Screening

Should I get screened?

**We can help you.**

Deciding whether or not to go through lung cancer CT screening is not easy. Here, there is up to date information provided by doctors to help you make an informed choice.

1. Why?
2. Cost
3. Other things to consider

**Why should I be thinking about this?**

Screening can help find lung cancer at an early stage, when more successful treatment can be offered. Without screening, lung cancer is usually found at a late stage.

[Learn more →](#)

**What are the warning signs of lung cancer?**

Symptoms like pain, unexpected or unplanned weight loss, coughing up blood, or a changing cough that won't go away are concerning for lung cancer, especially if you are a smoker. **But lung cancer screening is not for people with symptoms.** If you have any symptoms that concern you, please discuss them with your physician.

Source: University of Michigan. <https://shouldiscreen.com/English/home>

# CPT Code – Counseling and Shared Decision-making Visit

- CPT code to bill: **G0296**
- G0296 definition
  - Counseling visit to discuss need for lung cancer screening using low dose CT scan
  - Service is for eligibility determination and shared decision-making
- May be billed on the same day as a medically necessary E/M visit or annual wellness visit with the -25 modifier
- Visit is not subject to coinsurance or deductibles
- G0296 is listed as [permanent telehealth code](#) and is payable in the facility and non-facility setting
- SDM visit is **optional** to provide for **subsequent** annual lung cancer screenings, but is reimbursable

# ICD-10 Diagnosis Code – Tobacco Use

Counseling and Shared Decision-Making visit charge must be billed with ICD-10 diagnosis code to show personal history of tobacco use/nicotine dependence

- **Z87.891** for former smokers
- **F17.21\_** for current smokers
  - F17.210, F17.211, F17.213, F17.218, F17.219
  - [List of Current Smoking Diagnosis Codes](#)

# Elements of an Order for LDCT Lung Cancer Screening

1. Patient's date of birth
2. Calculated pack-year smoking history (number)
3. Current smoking status, and for former smokers, the number of years since quitting smoking
4. A statement that the patient is asymptomatic (*no signs or symptoms of lung cancer*)
5. The National Provider Identifier (NPI) of the ordering practitioner

# Lung Cancer Screening Rate

**Lung cancer screening rate definition:** Patients identified as eligible (ages 50-80 with a 20 pack-year smoking history who currently smoke or quit within the last 15 years) who received an order and completed lung cancer screening.

## Current performance

### McLaren:

Number of eligible patients who completed lung cancer screening in the last 12 months:  
**8,552 (increase of 32.5% over the prior year)**

# American College of Radiology LCS Screening Locations

ACR-designated Lung Cancer Screening Centers & Lung Cancer Screening Centers:

<https://www.acr.org/Clinical-Resources/Lung-Cancer-Screening-Resources/LCS-Locator-Tool>



# ACR – LCS Locator Tool

- Can search by zip code, can download CSV of all locations and filter by city

## How to Use the Lung Cancer Screening Locator Tool

1. To find a lung cancer screening program near you: 1) Click in the Search By box, select ZIP Code, 2) In the ZIP Code box, enter your ZIP Code, 3) In the Within box, select your preferred travel distance, 4) Click the Find Locations button to create the list.

The list will include an address and telephone number for the lung cancer screening programs available within the distance you select. Call the telephone number for the location you select to schedule an appointment.

Dark blue markers indicate ACR Designated Lung Cancer Screening Centers™ that exceed basic equipment, personnel, and imaging performance requirements for providing lung cancer screening services.

2. To obtain a statewide listing of lung cancer screening programs: 1) Click in the Search By box, select State, 2) In the State box, select a state, and 3) If you want a printout of the statewide programs, click the download icon to create a CSV file. Note: some browsers may require turning off pop-up blockers for the CSV file to download.

Search By ZIP Code Within Find Locations  
ZIP Code 10 miles

Enter a ZIP Code and click the Find Locations button





# Next Steps – Abnormal Results

Follow-up after LDCT scan using [ACR Lung-RADS](#) criteria

## 80-90% are negative or benign scans

- No nodules | Definitely benign nodules | Nodules with very low likelihood of becoming active cancer due to size or lack of growth
- Next steps: Write an order for an annual scan, if still eligible

## 10-15% have positive findings

- Nodule detected at a certain size and/or varying solid components
- Next steps: Write an order for a nodule CT 3-6 months after LDCT to assess growth and solid component

## 5% are 'suspicious' findings

- Additional diagnostic testing and/or tissue sampling is recommended
- Next steps: Discuss the findings with the patient and refer the patient to a specialist

# Resources

Tobacco dependence treatment & lung cancer

# Tobacco Dependence Treatment Programs

- Health System programs
  - Classes
  - Coaching by phone
- Community programs
- American Lung Association's [Freedom from Smoking](#) Group Quit Program
- Michigan Tobacco Quitlink
  - List of local resources at <https://michigan.quitlogix.org/en-US/About-The-Program/Resources>
- [American Indian Commercial Tobacco Program](#) (AICTP)

# Michigan Tobacco Quitlink

- Free quit program for anyone who uses any type of tobacco product
- Personalized coaching available 24/7
  - By phone, email, and texting to:
    - Make a quit plan and set a quit date
    - Identify tobacco triggers and manage cravings
    - Get back on track after relapses
- Nicotine quit medications
  - Gum, lozenges, patches
  - Free nicotine quit medications for eligible patients
- Membership in an online community

Source: Michigan Tobacco Quitlink. <https://michigan.quitlogix.org/en-US/>

# Referring Patients to the Quitlink

## Provider web referral

- Enter clinic and patient information/preferences

## eReferral

- Secure, two-way communication through the EHR
- Must be set up through the Quitlink

## Fax referral

- Sections to complete for both providers and patients

**MI TOBACCO Quitlink** Michigan Tobacco Quitlink Fax Form  
Fax to: **1-800-261-6259**  
We can help you live tobacco-free.

**PROVIDER INFORMATION (PRINT CLEARLY)**  
Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name \_\_\_\_\_ Provider Last Name \_\_\_\_\_  
Contact (if applicable): First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Name of Health System/Hospital/Health Center/Community Organization: \_\_\_\_\_  
Department or Clinic Name (if applicable): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Email for HIPAA-covered entity: \_\_\_\_\_  
Fax for HIPAA covered entity (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
Type of HIPAA covered entity:  Health care Provider  Health Plan  Health care Clearing House  Not Covered Entity  
As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.  
As a Not Covered Entity, personal health information will not be shared back for the individual being referred.  
Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.  
Is the patient:  Pregnant  Breastfeeding  
(If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.  
Please sign here if patient may use NRT \_\_\_\_\_ Date \_\_\_\_\_  
Provider signature

**PATIENT INFORMATION (\*Required) (PRINT CLEARLY)**

\*Patient Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Patient Zip \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  Home  Cell  Work OK to leave message at number provided?  Yes  No  
THE VOICEMAIL MAY BE A RECORDING FROM AN AUTODIALER.  
\*Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?  
 Yes, if Yes, please specify \_\_\_\_\_  No Consent of Text:  Yes  No  
I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.  
\*Language?  English  Spanish Other \_\_\_\_\_

I, the patient (or authorized representative), give permission to release my information to the Michigan Tobacco Quitlink. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

\*Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
If filling out form on behalf of the patient:  
Authorized Representative name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*Participant or Authorized Representative signature required in order to place phone call to the patient.

**PLEASE FAX COMPLETED FORM TO: 1-800-261-6259**  
Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

Source: Michigan Tobacco Quitlink. <https://michigan.quitlogix.org/en-US/Health-Professionals/Make-a-Referral>

# American Indian Commercial Tobacco Program

- 1-855-5AI-QUIT
- The AICTP offers support, culturally tailored quit coaches, quit tips
- Nicotine replacement therapy - patches, gum, and lozenges to help Native Americans quit smoking and keep tobacco sacred
- Focus on preserving traditional tobacco

Source: American Indian Commercial Tobacco Program. <https://mi-americanindian.quitlogix.org/index>

# American Indian Commercial Tobacco Program (cont.)

- Phone and online coaching
  - American Indian coaches available for both phone and online
  - Set a quit date, tell your support system, prepare for cravings and triggers, find the right quit medications, strategies to get back on track

For more information on AICTP, how to enroll or provider referrals:

<https://mi-americanindian.quitlogix.org/index>

# Resources for Patient and Provider Education

- ✓ University of Michigan [Should I Screen](#) webpage
- ✓ National Cancer Institute [Patient-facing Lung Cancer Screening Resources](#)
- ✓ American Cancer Society [Patient Education Materials for Professionals](#)
- ✓ American Cancer Society [Evidence-based Interventions](#)
- ✓ American College of Radiology [Clinical Resources](#)
- ✓ American Lung Association [Lung Cancer Resources](#)
- ✓ [The Michigan Cancer Consortium](#)



**Patient Version**

## Lung Cancer Fact Sheet

Lung cancer is the second most common cancer and the leading cause of cancer death in the US. There are different kinds of lung cancer. The two most common types are non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC).

**Risk Factors**  
Smoking is, by far, the leading cause of lung cancer. But not all people with lung cancer smoke. Some may have smoked in the past, and some people with lung cancer have never smoked at all.

Some risk factors for lung cancer can be changed. These include smoking tobacco, breathing in secondhand smoke from tobacco users, or being exposed to certain cancer-causing chemicals like radon and asbestos.

Other risk factors cannot be changed. These include a person's age and their personal or family history, having been treated with radiation therapy to the chest in the past, or being exposed to outdoor air pollution.

**Prevention**  
Not all lung cancers can be prevented. And some people who get lung cancer do not have any known risk factors. But there are ways a person can help lower their risk:

- Avoid all tobacco products.
- Stay away from secondhand smoke.
- Keep cars and homes smoke-free.
- Avoid or limit exposure to cancer-causing chemicals that may be in the home or workplace.
- Follow a healthy eating pattern that includes plenty of fruits and vegetables.

**Screening**  
The American Cancer Society recommends screening for certain people at a higher risk for lung cancer. If a person currently smokes or has quit in the last 15 years, is **50 to 80 years old** and is in fairly good health, they might benefit from screening for lung cancer with a yearly low-dose CT scan (LDCT). Talk to a health care provider to learn more about the possible benefits, limits, and risks of lung cancer screening.

**Signs and Symptoms**  
Most lung cancers do not cause symptoms until they have spread outside the lungs. Some common signs and symptoms of lung cancer include:

- A cough that does not go away or gets worse
- Coughing up blood or rust-colored spit or phlegm
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Loss of appetite
- Losing weight without trying
- Wheezing or shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don't go away or keep coming back

cancer.org | 1.800.227.2345

Image source: [Lung Cancer Fact Sheet for Patients and Caregivers](#)



# Questions?

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# Thank you!

*Please complete the post-session evaluation*

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