

Astra Zeneca Lung Screening Toolkit



Provider Resources

Table of Contents :

- ▶ Due for Lung Screening Exam Letter
- ▶ CT Lung Cancer Screening Order Form
- ▶ Mobile Lung Screening LDCT Order Form
- ▶ Smoking Cessation Provider Questionnaire
- ▶ Annual Reminder Overdue LDCT Letter
- ▶ Overdue 6 Month LDCT Reminder Letter
- ▶ LCS Provider Program Survey
- ▶ Provider Lung Cancer Screening Checklist
- ▶ Overdue for 3 Month LDCT Letter
- ▶ LDCT - Epic Build Example Order

MARIA PARHAM
PHYSICIAN PRACTICES

Duke LifePoint Physician Practices

Date: 08-05-2020

MRN: 159137

LOUISBURG, NC 27549

Dear

Our records indicate that you were recently due for a CT lung screening exam. Please call your doctor to schedule this appointment. If you have decided you do not want this study performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records. Our telephone number is 252-436-1146.

Here are some other important points you should know:

- THE SCREENING DOES NOT OBLIGATE YOU TO RETURN TO MARIA PARHAM HOSPITAL FOR ANY FURTHER SCREENINGS, FOR FURTHER EVALUATION OF ANY FINDINGS, OR FOR ANY OTHER SERVICES THAT MARIA PARHAM PROVIDES.
- Your full low-dose Chest CT report, including any minor observations, has been sent to your health care provider. Your exam report and images will be kept on file as part of your permanent record and are available for your continuing care.
- Although low-dose chest CT is very effective at finding lung cancer early, it cannot find all lung cancers. If you develop any new symptoms such as shortness of breath, chest pain, or coughing up blood, please call your doctor.

Sincerely,

Maria Parham Radiology



CT Lung Cancer Screening Order Form

Patient Name: _____ DOB: ____/____/____ Ht: _____ Wt: _____

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Packs/years: _____

Currently smoking? Y N If not smoking, how many years quit? _____

Ordering provider (print name): _____ Phone: _____

National Provider Identifier (NPI): _____ Fax: _____

(Check only one below)

☐ **CT Lung Screening Exam Baseline (Initial)**

CPT Code: G0297

Diagnosis Codes: Z12.2 & Z87.891

☐ **CT Lung Screening Exam Repeat (Annual)**

CPT Code: G0297

Diagnosis Codes: Z12.2 & Z87.891

Please call 910-291-7243 to schedule this CT Lung Screening exam.

Please fax the completed order to 910-291-7669.

Comments:

By signing this order, you are certifying that the following is appropriately documented in the patient's medical record:

- The patient has participated in a shared decision-making session during which potential risk and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation interventions, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Ordering Provider Signature: _____ Date: _____ Time: _____

Patient Label

MUST FAX ORDER FORM TO LUNG BUS COORDINATOR @ 704-446-3940

Mobile Lung Screening: LDCT Order Form

IMPORTANT: Verify ☐ Uninsured ☐ Medicaid

Patient Name: _____ DOB: ____/____/____

Packs/day (20 cigarettes/pack): _____ x Years smoked: _____ = Pack years* _____

Currently smoking? Y N If no, how many years quit? _____ Height: _____ Weight: _____

*<http://smokingpackyears.com/calculate> _____

Patients must be 55 -77 years of age, have a 30+ pack year history of smoking, and be a current smoker OR have quit within the past 15 years.

Ordering provider (print name): _____

National Provider Identifier (NPI): _____

Office Contact: _____ Phone: _____

☒ CT Lung Screening Exam – Baseline or Annual

By signing this order, you are certifying that patient:

- has had a shared & documented decision-making session during which potential risks and benefits of CT lung screening were discussed. **(Must be physician, NP, PA, CNS)**
- is informed of importance of adherence to annual screening, impact of comorbidities, & ability/willingness to undergo diagnosis & treatment
- was informed of smoking cessation importance &/or maintaining smoking abstinence, including offering tobacco cessation counseling services, if applicable
- is Asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)

☐ **SHARED DECISION MAKING VISIT COMPLETE on**

Date: ____/____/____

- ☐ G0297: Low-dose CT scan for lung cancer screening.
- ☐ ICD-10 – Z12.2: Encounter for malignant neoplasms of respiratory organs
- ICD- 10 – Z87.891: Personal history of tobacco use/nicotine dependence.

Ordering Provider Signature: _____ Date: ____/____/____

SURVEY QUESTIONS FOR PROVIDERS – Smoking Cessation

NAME: (not optional) _____

1. Do you ask each adult patient about tobacco use at each visit? (yes/no)
2. Do you assess a patient's willingness to make a quit attempt? (yes/no)
If YES-what methods/tools do you use to help a patient in their quit attempt?
(check all that apply)
 - ☐ help patient set a quit date
 - ☐ provide behavioral counseling
 - ☐ provide patient education materials (written, electronic, etc.)
 - ☐ refer patient to quit line (telephonic counseling)
 - ☐ refer patient to outside smoking cessation class, counselor, program
 - ☐ recommend smart phone or internet-based applications for quitting
 - ☐ discuss medication
 - ☐ prescribe pharmacotherapy, if appropriate
 - ☐ I do not assess a patient's willingness to quit
3. When was the last time you had formal smoking cessation training?
 - ☐ < 12 months
 - ☐ 1-5 years
 - ☐ 5-10 years
 - ☐ >10 years
4. How comfortable are you in providing smoking cessation counseling to your patients?
 - ☐ Very comfortable
 - ☐ Comfortable
 - ☐ Neutral
 - ☐ Somewhat comfortable
 - ☐ Not comfortable
5. How comfortable are you in providing smoking cessation treatment (nicotine replacement, pharmacological & complementary/alternative treatment) to your patients?
 - ☐ Very comfortable
 - ☐ Comfortable
 - ☐ Neutral
 - ☐ Somewhat comfortable
 - ☐ Not comfortable

6. Do you utilize an opt-out approach with identified smokers and offer smoking cessation treatment as the default? (yes/no)
7. How would you rate the following barriers to helping patients try to stop smoking? (3 item scale---Not a barrier/Somewhat of a barrier/Significant barrier)
- o Time with patients is limited.
 - o Coverage for cessation interventions is limited.
 - o Too few cessation programs are available (limited referral options).
 - o Patients have more important medical issues to address.
 - o Staff are unfamiliar with interventions to help smokers quit.
 - o Colleagues do not believe in the efficacy of cessation interventions.
 - o Reimbursement for physician time is limited.
 - o Patients are not engaged in or lack motivation to quit.
 - o My experience in intervening with smokers is limited.
 - o Other practice priorities reduce my ability to address smoking with patients.
 - o Cessation heightens patients' other symptoms.
 - o Patients usually fail to quit.
8. Motivational Factors - To what extent would the following motivate you to assist patients to stop smoking? (Scale: Not at All/Some/Very Much)
- o Increased reimbursement for time spent helping patients stop smoking
 - o Smoking assessment routinely documented in the patient chart
 - o Electronic alert in Electronic Health Record (EHR) indicating smoking status
 - o Better feedback on patient progress in attempts to quit
 - o Increased coverage of cessation interventions for patients
 - o More effective interventions
 - o Greater availability of staff familiar with smoking cessation
 - o Improvement in your own skills in helping smokers quit
 - o Increased availability of interventions
 - o If more patients asked for help
 - o Availability of smoking cessation counseling and treatment programs to which I can refer patients
 - o Knowing that ACC clinical guidance is to treat smoking as a chronic disease in which all smokers are offered treatment

9. Rank the TOP 3 in order of utilization:
- Individual counseling (less than 3 minutes,
 - Individual counseling (3 to 10 minutes)
 - Individual counseling (greater than 10 minutes)
 - Scheduled for group counseling session in office
 - Referred to local smoking cessation clinic or program
 - Referred to telephone quit line
 - Referred to other support program
 - Provided smoking cessation materials
 - Prescribed or recommended a medication treatment
 - No intervention provided
10. How do you follow-up on your smoking cessation intervention?
- Schedule a short term follow-up visit in 1-2 weeks
 - Schedule a one month follow-up visit
 - Follow-up phone call by office staff/provider
 - Ask at next routine visit
 - No specific follow-up
11. Do you order LDCT if the patient meets the criteria? Yes / No
IF NO, what barriers do you face? (check all that apply)
- Patient refusal
 - Lack of results tracking
 - Financial
 - Uncertain of benefit
 - Other - _____
12. Identify your discipline?
- MD
 - DO
 - PA
 - NP

April 30, 2024

Dear Patient,

Our records indicate you are over-due for your annual Low-dose CT scan for lung cancer screening. Please call your physician's office to request your annual lung screening CT scan be ordered and our Central Scheduling Department will contact you to arrange a date and time. Should you have any questions and/or concerns, please do not hesitate to contact your physician's office.

Thank you,

UP Health System Lung Cancer Screening Program

April 30, 2024

Dear **Mr. Yale**,

Our records indicate you are over-due for your 6-month follow-up CT scan for lung cancer screening due in **September 2018**. You may call your physician's office at any time now to have your CT scan ordered. Should you have any questions and/or concerns, please do not hesitate to contact me.

Thank you,

Heather Heuer, R.T.(T)(ARRT)
Lung Cancer Screening Patient Navigator
Phone: 906-226-4463

Provider Survey II 2020: Lung Cancer Screening



Q1

The XXXX is performing a follow-up assessment of lung cancer screening practices. The initial assessment took place in the spring of 2019. This follow-up assessment is intended for providers who manage patients with lung cancer and/or those who are potentially at risk for lung cancer. The purpose of the survey is to help us understand the barriers to lung cancer screening from the providers' perspective. Results of this survey will assist the XXX in identifying areas where more support and resources are needed. The questions should take less than 10 minutes to answer. We sincerely appreciate your time and effort and look forward to your responses on or before XXX.

Please contact XXX with questions.



Q2

Please mark your organization (all that apply).



Other

Q3

What type of provider are you?



MD



DO



PA



NP



Other, please specify:



Q4

What is your specialty?



Pulmonology

- ☐ Primary Care
- ☐ Oncology
- ☐ Thoracic
- ☐ Radiology
- ☐ Family Medicine
- ☐ Other, please specify:

☐

Q5

How proficient are you in lung cancer screening recommendations?

- ☐ None— you have no knowledge
- ☐ Fundamental awareness – you have a common knowledge or an understanding of the basics
- ☐ Novice – you have discuss the main principles but would need to consult a resource
- ☐ Intermediate – you understand and can discuss the recommendations without a reference
- ☐ Advanced – you are recognized within your organization as a “person to ask”
- ☐ Expert – you are a known expert in this area from outside organizations

☐

Q6

How comfortable are you with facilitating lung cancer screening for your patients?

- ☐ Extremely comfortable
- ☐ Somewhat comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Extremely uncomfortable

☐

Q7

Do patients proactively (i.e. before you or your staff bring up the topic) ask you about the options for screening for lung cancer?

☐ Yes

☐ No

Display This Question:

If Do patients proactively (i.e. before you or your staff bring up the topic) ask you about the opti... Yes Is Selected

☐

Q8

How often do patients proactively ask you about the options for screening for lung cancer?

☐ Never

☐ A couple of times per year

☐ Monthly

☐ Weekly

☐ Daily

☐

Q9

Do you discuss the potential benefits of lung cancer screening with at-risk patients?

☐ Yes

☐ No

Display This Question:

If Do you discuss the potential benefits of lung cancer screening with at-risk patients? Yes Is Selected

☐

Q10

How often do you discuss the potential benefits of lung cancer screening with at-risk patients?

☐ Never

- ☐ A couple of times per year
- ☐ Monthly
- ☐ Weekly
- ☐ Daily

☐

Q11

What is your usual approach to LDCT lung cancer screening among patients identified as candidates for lung cancer screening?

- ☐ Do not discuss LDCT screening
- ☐ Recommend LDCT screening
- ☐ Recommend against LDCT screening

Display This Question:

If What is your usual approach to LDCT lung cancer screening among patients identified as candidates...
Do not discuss LDCT screening Is Selected

☐

Q12

Please choose one or more reasons why you do not discuss the potential benefits of lung cancer screening with at-risk patients.

- ☐ There is inadequate research to support lung cancer screening in any patient at present
- ☐ There is inadequate time to discuss with any patient at present
- ☐ My patients are not interested in hearing about lung cancer screening options
- ☐ Other, please specify:

☐

Q13

Does your Electronic Medical Record (EMR) identify patients who should be screened for lung cancer?

- ☐ Yes

☐ No

☐

Q14

How/when do you identify who should be referred for lung cancer screening? Choose one or more.

- ☐ Systematic EMR pulls or alerts
- ☐ Chart pulls
- ☐ Daily patient reviews
- ☐ Right before appointment reviewing chart
- ☐ During patient history and physical assessment
- ☐ Other, please specify:

☐

Q15

Who do you consider a candidate for lung cancer screening?

- ☐ Patients who meet the guidelines for lung cancer screening
- ☐ Patients who have specific risk factors for lung cancer
- ☐ Other, please specify:

Display This Question:

If Who do you consider a candidate for lung cancer screening? Patients who meet the guidelines for lung cancer screening Is Selected

☐

Q16

You indicated that you consider patients who meeting the guidelines for lung cancer screening as candidates. Which guidelines do you use? You may choose more than one.

- ☐ US Preventative Services Task Force (USPSTF)

- ☐ Centers for Medicare and Medicaid Services National Coverage Determination on Lung Cancer Screening
- ☐ Clinical Practice Guidelines from ACCP, ACS, ALA, ASCO, ATS, GOLF, IASLC, or IFCT
- ☐ National Comprehensive Cancer Network (NCCN)
- ☐ American Academy of Family Physicians
- ☐ Other, please specify:

Display This Question:

If Who do you consider a candidate for lung cancer screening? Patients who have specific risk factors for lung cancer Is Selected

☐

Q17

You indicated that you consider patients with specific risk factors to be candidates for lung cancer screening. Which of the following risk factors, alone or combined, would make a patient a candidate for lung cancer screening? Choose as many as apply.

- ☐ Smoking history
- ☐ Radiation exposure
- ☐ Occupational exposure
- ☐ History of cancers associated with higher risk of lung cancer
- ☐ Other family history of cancer
- ☐ COPD
- ☐ Pulmonary fibrosis
- ☐ Secondhand smoke exposure
- ☐ Other, please specify:

☐

Q18

Which of the following, if any, elements of the lung cancer screening process do you manage for your patients? Choose as many as apply.

- ☐ Identifying patients at risk/candidates for screening
- ☐ Referral to screening center
- ☐ Confirming eligibility for LDCT screening
- ☐ Shared decision-making conversation
- ☐ Completing a work-up for diagnosing lung cancer
- ☐ Sharing results with patients
- ☐ Referral for further work-up by specialist
- ☐ Managing positive results
- ☐ Managing negative results
- ☐ Smoking cessation
- ☐

Q19

Please describe how you confirm eligibility for LDCT screening.

☐

Q20

Within the last year, which of the following have become available in your service area? Mark as many as apply (only mark those that have become available within the last year).

- ☐ LDCT Screening
- ☐ A clinical service dedicated to the management of abnormal findings from chest imaging
- ☐ Specialty pulmonary consultation services
- ☐ Multidisciplinary lung cancer (surgery, radiation therapy, chemotherapy)
- ☐ Clinical processes to facilitate lung screening (e.g., patient or physician reminders, referral protocols)
- ☐ None of the above because they aren't available

☐ None of the above because they were available prior to the last year

☐ I am not sure

☐

Q21

How strongly do you agree or disagree with the following statements?

	Never	Sometimes	About half the time	Most of the time	Always
There is enough evidence to support LDCT lung cancer screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using LDCT screening for patients at risk for lung cancer is beneficial to patient outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The benefits of using LDCT screening for patients at risk for lung cancer outweigh the risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐

Q22

Indicate how often the following potential barriers limit your ability to provide LDCT lung cancer screening to patients at risk:

	Never	Sometimes	About half the time	Most of the time	Always
Patient does not follow through with LDCT screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient lack of interest in lung cancer screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient lack of understanding of lung cancer screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient refusal of LDCT screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Sometimes	About half the time	Most of the time	Always
Lack of insurance coverage for LDCT screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of provider time to counsel patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability of patients to follow up with screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of institutional support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your (as the provider) discomfort in screening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐

Q23

What are facilitators/enablers/strengths of your lung cancer screening program?

☐

Q24

How do you currently receive information on incidentally identified lung nodules on Chest CT/MRI/LDCT imaging? Please check all that apply.

- ☐ Informal communication (telephone call) between radiology and ordering provider
- ☐ Formal communication (written) between radiology and ordering provider
- ☐ Referral to a clinic dedicated to managing incidental nodules to which pts are automatically referred
- ☐ Referral to a clinic dedicated to managing incidental nodules to which an ordering provider can refer
- ☐ None of the above, please specify

☐

Q25

As the provider, what is your preferred method for being informed of incidentally identified lung nodules?

	Most favorable	Somewhat favorable	Neither favorable nor unfavorable	Somewhat unfavorable	Least favorable
Informal communication (telephone call) between radiology and ordering provider with no direct referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal communication (written) between radiology and ordering provider with no direct referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A direct referral to a clinic dedicated to managing incidental nodules to which pts are automatically referred and ordering provider notified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A direct referral by the ordering provider to a clinic dedicated to managing incidental nodules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐

Q26

Who is responsible for having the shared decision making conversation for candidates identified for lung cancer screening?

- ☐ Ordering provider
- ☐ Radiologist performing the test
- ☐ Billing provider
- ☐ Other

☐

Q27

How do you ensure that shared decision making conversations have occurred for candidates identified for lung cancer screening?

- ☐ Identified in radiologists' notes
- ☐ Identified in the referring providers' notes
- ☐ Attestation is in order
- ☐ Other

- ☐ We do not have a process in place at this time

☐

Q28

Within the last year, have you developed any materials or tools to be used in the shared decision making conversation with patients?

- ☐ Yes, please describe:

- ☐ No
- ☐ Developed prior to this year

☐

Q29

Within the last year, have the processes for managing patients with positive screening results changed?

- ☐ Yes, please describe:

- ☐ No

☐

Q30

Within the last year, have the processes for managing patients with negative screening results changed?

☐ Yes, please describe:

☐ No

☐

Q31

Within the last year, have you implemented processes to improve compliance with the annual screening exam?

☐ Yes, please describe:

☐ No

☐ Implemented prior to this year

☐

Q32

Within the last year, have you implemented any of the following elements of a smoking cessation program? Mark all that apply.

☐ Referral to smoking cessation hotline

☐ Referral to smoking cessation class or group

☐ Referral to trained staff member trained in smoking cessation

☐ Education materials/brochures

☐ Pharmacotherapeutic interventions

☐ Other, please specify:

☐ None of the above

☐ Implemented prior to this year

LDCT LCS Checklist

Patient Criteria:	Yes	No
Age 55-77		
Asymptomatic		
Tobacco hx 30pk yrs		
Current Smoker - (ICD-10 Dx code F17.210, F17.211, F17.213, F17.218, F17.219)		
Former Smoker w/n 15yrs - (ICD-10 Dx code F87.891)		
Participate in counseling visit w/ Provider		
Receive order for LDCT from Provider		

Ordering Provider Criteria:	Yes	No
Assess and document that Patient meets criteria for LDCT LCS (ICD-10 - F17.21 or F87.891)		
Conduct and document counseling visit that includes: (G0296)		
Shared decision making w/ one or more decision aids that include		
Benefits and harms of screening		
Follow up diagnostic testing		
Over diagnosis, false positive rate, and total radiation exposure		
Importance of adherence to annual screening		
Impact of comorbidities		
Ability and willingness to undergo diagnosis and treatment		
Importance of maintaining abstinence (if former smoker)		
Importance of smoking cessation (if current smoker)		
Provision of information about smoking cessation interventions		
Provide order for LDCT LCS (G0297) that includes:		
Pt's DOB		
Number of pack years smoked		
Current smoking status or number of years since quitting smoking		
Statement that Pt is asymptomatic		
NPI of Ordering Provider		

Radiologist Criteria:	Yes	No
Board certified or eligible with the American Board of Radiology or equivalent organization		
Documented training in diagnostic radiology and radiation safety		
Supervision and interpretation of at least 300 chest CT acquisitions in the past 3 yrs		
Documented participation in CME in accordance with current ACR standards		
Furnish lung cancer screening with LDCT in a qualified radiology imaging facility		

LDCT Facility Criteria:	Yes	No
Performs LDCT w/ Volumetric CT of <3.0mGy w/ + - CTDIvol per Pt (CPT 71250)		
Utilizes standard lung nodule identification, classification, reporting system		
Makes available smoking cessation interventions for current smokers		
Registers with, and collects and submits data to, a CMS-approved registry		
https://www.acr.org/Practice-Management-Quality-Informatics/Registries/Lung-Cancer-Screening-Registry		
https://nrdrsupport.acr.org/support/solutions/articles/11000032665-the-application-process		
https://nrdrsupport.acr.org/support/solutions/articles/11000029003-items-you-ll-need-to-register		
Current ACR LCRS Participants - see which facilities near you are already registered		
https://www.acr.org/Practice-Management-Quality-Informatics/Registries/Lung-Cancer-Screening-Registry		
Related Resources: LCSR Participants		
Consider becoming an ACR Designated Lung Cancer Screening Center:		
1. Submit application via ACR NRDR (link above)		
2. Upload the signed attestation form		
3. Enter facility's lung cancer screening protocol in an online clinical data form		
4. Provide payment information and pay fee (\$400/facility)		

April 30, 2024

Dear **Mr. Rabitaille**,

Our records indicate you are over-due for your 3-month follow-up CT scan for lung cancer screening due in **July, 2018**. You may call your physician's office at any time now to have your CT scan ordered. Should you have any questions and/or concerns, please do not hesitate to contact me.

Thank you,

Heather Heuer, R.T.(T)(ARRT)
Lung Cancer Screening Patient Navigator
Phone: 906-226-4463

LUNG SCREENING ORDERS

✓ Accept

This smartgroup contains procedures to complete the lung cancer screening hm topic:

☐ CT Lung Screening LDCT Follow-up
Routine, Ancillary Performed

☒ CT Lung Screening LDCT (\$\$\$)

✓ Accept

✗ Cancel

Status:

Normal

Standing

Future

Expected Date: 5/12/2020

Today

Tomorrow

1 Week

2 Weeks

1 Month

3 Months

6 Months

☐ Approx.

Expires: 5/12/2021

1 Month

2 Months

3 Months

4 Months

6 Months

1 Year

18 Months

Priority:

Routine

Routine

STAT

Class:

Ancillary Performed

Hospital Performed

External

Ancillary Performed

Does the patient show any signs or symptoms of lung cancer?

Yes

No

Comments

Is this the first (baseline) CT or an annual exam?

Baseline

Did the patient receive cessation guidance?

Reason for Exam:

Screening

Is there documentation of shared decision making?

Yes

No

Sched Inst.: + Add Scheduling Instructions

Comments: + Add Comments (F6)

Show Additional Order Details

✓ Accept

✗ Cancel

Next Required

✓ Accept