Individual follow-up tables – Baseline Screening CT Scan

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| **Screening process/ step** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| Eligibility and Education |  |  |
| Patient eligibility for lung cancer screening was confirmed. Patient was eligible by which guidelines?\_\_\_\_\_\_\_ Medicare\_\_\_\_\_\_\_ USPSTF (private insurance)\_\_\_\_\_\_\_ NCCN category 2\_\_\_\_\_\_\_ Other/ none |  |  |
| Patient was educated on the process, risks, and benefits of screening. |  |  |
| All questions were answered to the patient’s satisfaction. |  |  |
| Patient was sent a lung cancer screening decision aid or video to review prior to shared decision-making appointment. |  |  |
| Patient agreed to set-up a shared decision-making appointment.\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_ No *(if no, stop here and enter additional information in shared decision-making*  *table if applicable)* |  |  |
| Shared Decision-Making |  |  |
| A shared decision-making appointment has been made for the patient.SDM appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the shared decision-making appointment and barriers were addressed (if applicable). |  |  |
| Patient filled out paperwork for optional fields for the Lung Cancer Screening Registry. |  |  |
| The shared decision-making appointment was completed with a clinician (MD/NP/PA). |  |  |
| The patient decided to undergo the LDCT process:\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_ No *(if no, stop here)*  |  |  |
| The shared decision-making appointment and screening eligibility is documented in the patient’s medical record. |  |  |
| The ordering clinician completed a written order for the low dose CT. |  |  |
| SDM visit has been billed for Medicare patients *(See SDM Billing Checklist for additional details)*\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ N/A – patient is not covered by Medicare |  |  |
| **Screening process/ step** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| Tobacco cessation counseling |  |  |
| If patient currently smokes cigarettes they were offered tobacco cessation counseling or were provided with resources.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_ No*(Details and follow-up information, including reasons these services were not received,* *can be documented in the Tobacco Cessation Table)*\_\_\_\_\_\_\_N/A – patient does not currently smoke cigarettes |  |  |
| Tobacco cessation counseling services are documented in the patient’s medical record. |  |  |
| Low dose CT scan |  |  |
| A screening low dose CT appointment has been made for this patient.CT appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the low dose CT appointment and barriers were addressed (if applicable). |  |  |
| It was confirmed that the written CT order was sent and received at the imaging center. |  |  |
| The patient completed the low dose CT procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| Ordering Provider Follow-up |  |  |
| The LDCT result/ radiology report was received back from the imaging center. |  |  |
| The LDCT result have been provided to the ordering provider. |  |  |
| Patient Follow-up |  |  |
| The ordering provider has provided the patient with the LDCT results. |  |  |
| Patient has been contacted to follow-up that they understand the LDCT results and when they should be re-screened or how to access additional care. |  |  |
| See tables below for additional follow-up guidance by LDCT result.Baseline LDCT result:\_\_\_\_\_\_\_Lung-RADs 1 or 2 (Go to Lung\_RADs 1 and 2 Follow-up Table)\_\_\_\_\_\_\_Lung-RADs 3 (Go to Lung\_RADs 3 Follow-up Table)\_\_\_\_\_\_\_Lung-RADs 4 (Go to Lung\_RADs 4 Follow-up Table)\_\_\_\_\_\_\_Incidental finding (Go to Incidental Finding Follow-up Table) |

**Lung-RADs 1 and 2 Follow-up Table**

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| **Patient Follow-up – Lung-RADs 1 & 2 LDCT result****(Patient is due for annual screening in 1 yr)** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| Date for annual follow-up has been entered into the tracking database.Date patient is due for annual follow-up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Annual Follow-up Procedure |  |  |
| Patient was contacted to remind them about their upcoming low dose CT scan and continued eligibility was confirmed:* Patient is between 55 – 77 years old (50-80 for USPSTF)
* Patient still smokes cigarettes or quit within the past 15 years.
* Patient has a ≥ 30 pack year smoking history (≥ 20 pack year for USPSTF
* Patient does not have any symptoms of lung cancer (cough that won’t go away, coughing up blood, unexplained weight loss)
* Patient’s overall health is good (confirm with clinician)

Patient is eligible for annual screening \_\_\_\_\_\_Yes \_\_\_\_\_\_No |  |  |
| If eligible for annual screening, the ordering clinician has reviewed and provided a written order for the LDCT. |  |  |
| Low Dose CT Scan |  |  |
| A screening low dose CT appointment has been made for this patient.CT appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the low dose CT appointment and barriers were addressed (if applicable). |  |  |
| It was confirmed that the written CT order was sent and received at the imaging center. |  |  |
| The patient completed the low dose CT procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| Ordering Provider Follow-up |  |  |
| The LDCT result/ radiology report was received back from the imaging center. |  |  |
| The LDCT result have been provided to the ordering provider. |  |  |
| Patient Follow-up |  |  |
| The ordering provider has provided the patient with the LDCT results. |  |  |
| Patient has been contacted to follow-up that they understand the LDCT results and when they should be re-screened or how to access additional care. |  |  |
| See tables below for additional follow-up guidance by LDCT result.Annual LDCT result:\_\_\_\_\_\_\_Lung-RADs 1 or 2 (Go to Lung\_RADs 1 and 2 Follow-up Table)\_\_\_\_\_\_\_Lung-RADs 3 (Go to Lung\_RADs 3 Follow-up Table)\_\_\_\_\_\_\_Lung-RADs 4 (Go to Lung\_RADs 4 Follow-up Table)\_\_\_\_\_\_\_Incidental finding (Go to Incidental Finding Follow-up Table) |

**Lung-RADs 3 Follow-up Table**

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| **Patient Follow-up – Lung-RADs 3 LDCT result****(Patient is due for a follow-up CT in 6 months)** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| Date for 6-month diagnostic CT has been entered into the tracking database.Date patient is due for 6-month CT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 6-month Diagnostic CT Procedure |  |  |
| A 6-month diagnostic CT appointment has been made for this patient.CT appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the CT appointment and barriers were addressed (if applicable). |  |  |
| The patient completed the 6-month CT procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| Ordering Provider Follow-up |  |  |
| The 6-month CT result/ radiology report was received back from the imaging center. |  |  |
| The CT results have been provided to the ordering provider. |  |  |
| Patient Follow-up |  |  |
| The ordering provider has provided the patient with the CT results. |  |  |
| Patient has been contacted to follow-up that they understand the CT results and when they should be re-screened or how to access additional care. |  |  |
| See tables below for additional follow-up guidance by 6-month CT result.6-month diagnostic CT result:\_\_\_\_\_\_\_Pulmonary nodule did not grow or decreased in size, radiology report indicates patient can return to annal lung cancer screening (Go to Lung\_RADs 1 and 2 Follow-up Table)\_\_\_\_\_\_\_Pulmonary nodule needs additional surveillance (Go to Additional Diagnostic Follow-up Table)\_\_\_\_ |

**Lung-RADs 4 Follow-up Table**

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| **Patient Follow-up – Lung-RADs 4 LDCT result****(Patient is due for shorter term follow-up)** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| The ordering provider has determined the next step to follow up on the Lung-RADs 4 finding (may include diagnostic CT scans, PET/ CT scan, tissue sampling, or surgery). |  |  |
| Date(s) and detail(s) about the Lung-RADs 4 follow-up have been entered into the tracking database. |  |  |
| The patient has been referred to a multi-disciplinary tumor board:\_\_\_\_\_\_\_\_Yes *(Complete referral follow-up table)*\_\_\_\_\_\_\_\_ No |  |  |
| The patient has been referred to a pulmonary nodule clinic:\_\_\_\_\_\_\_\_Yes *(Complete referral follow-up table)*\_\_\_\_\_\_\_\_ No |  |  |
| Pulmonary Nodule Diagnostic Process – Procedure #1Diagnostic Procedure #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
| An appointment for this procedure has been made for this patient.Appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the appointment and barriers were addressed (if applicable). |  |  |
| The patient completed the first diagnostic procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| The diagnostic results have been provided to the ordering provider. |  |  |
| The provider has provided the patient with the procedure results. |  |  |
| Patient has been contacted to follow-up that they understand the results, what the next steps are, and how to access additional care. |  |  |
| See tables below for additional follow-up guidance by results of diagnostic procedure #1.Diagnostic procedure #1 result:\_\_\_\_\_\_\_Results recommended another diagnostic procedure (Go to Additional Diagnosis Follow-up Table)\_\_\_\_\_\_\_Results indicate no additional follow-up is needed.  |
| Final pulmonary nodule diagnosis\_\_\_\_\_\_\_\_\_\_\_Malignant (cancerous) *Enter additional detail on malignant diagnosis detail table*\_\_\_\_\_\_\_\_\_\_\_Benign (non-cancerous) *Enter additional detail on benign diagnosis detail table*\_\_\_\_\_\_\_\_\_\_\_Indeterminate  |

**Incidental Findings Follow-up Table**

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| **Patient Follow-up – Incidental findings (IF)****Type of incidental finding found\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| The ordering provider has been notified and is aware of the IF. |  |  |
| Patient has a follow-up plan in place for the IF |  |  |
| Date and details about the IF follow-up have been entered into the tracking database. |  |  |
| IF follow-up required a referral to another provider:\_\_\_\_\_\_\_\_Yes *(Complete referral follow-up table)*\_\_\_\_\_\_\_\_ No |  |  |
|  Incidental Finding Diagnostic Process – Procedure #1Diagnostic Procedure #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
| An appointment for this procedure has been made for this patient.Appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the appointment and barriers were addressed (if applicable). |  |  |
| The patient completed the first diagnostic procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| The diagnostic results have been provided to the ordering provider. |  |  |
| The provider has provided the patient with the procedure results. |  |  |
| Patient has been contacted to follow-up that they understand the results, what the next steps are, and how to access additional care. |  |  |
| See tables below for additional follow-up guidance by results of diagnostic procedure #1.Diagnostic procedure #1 result:\_\_\_\_\_\_\_Results recommended another diagnostic procedure *(Go to Additional Diagnosis Follow-up Table)*\_\_\_\_\_\_\_Results indicate no additional follow-up is needed.  |
| Notes about incidental finding diagnosis: |

**Additional Diagnosis Follow-up Table**

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| --- | --- | --- |
| **Additional Diagnostic Procedure Follow-up** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| Diagnostic Follow-up ProcedureDiagnostic Procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
| An appointment for this procedure has been made for this patient.Appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the appointment and barriers were addressed (if applicable). |  |  |
| The patient completed the diagnostic procedure.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| The diagnostic results have been provided to the ordering provider. |  |  |
| The provider has provided the patient with the procedure results. |  |  |
| Patient has been contacted to follow-up that they understand the results, what the next steps are, and how to access additional care. |  |  |
| See tables below for additional follow-up guidance by results of the diagnostic procedure.Diagnostic procedure result:\_\_\_\_\_\_\_Results recommended another diagnostic procedure *(Use Additional Diagnosis Follow-up Table)*\_\_\_\_\_\_\_Results indicate no additional follow-up is needed. *Record diagnosis on original follow-up table* |

**Referral Management and Follow-up Detail**

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| **Referral Management and Follow-up****Reason for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Check, initial, and date when step is complete** | **Notes for next follow-up or action items** |
| The ordering provider has determined the referral is necessary and has notified the patient. |  |  |
| Insurance requirements, referral requirements, and pre-authorization have been verified with the referral physician and the patient. |  |  |
| Date and details about the referral have been entered into the tracking database. |  |  |
| Referral Management and ProcessName/ Office of referral partner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
| An appointment for the referral appointment has been made for this patient.Appointment date and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Patient was reminded about the appointment and barriers were addressed (if applicable). |  |  |
| The patient completed the referral appointment.\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (contact patient for follow-up) |  |  |
| The appointment results have been provided to the ordering provider. |  |  |
| The provider has provided the patient with the appointment results. |  |  |
| Patient has been contacted to follow-up that they understand the results, what the next steps are, and how to access additional care. |  |  |
| Results and guidance for referral appointmentReferral appointment results result:\_\_\_\_\_\_\_Referral recommended a diagnostic procedure (Go to Additional Diagnosis Follow-up Table)\_\_\_\_\_\_\_Results indicate no additional follow-up is needed.  |
| Notes about referral management and process: |

**Pulmonary Nodule Malignant Diagnosis Detail**

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| **Malignant Diagnosis Detail**Date of lung cancer diagnosis\_\_\_\_\_\_\_\_\_\_\_\_Days from positive finding to diagnosis date\_\_\_\_\_\_\_\_\_\_\_ |
| Cancer histology diagnosis:Non-small cell lung cancer-\_\_\_\_\_\_\_\_\_Adenocarcinoma\_\_\_\_\_\_\_\_\_Squamous\_\_\_\_\_\_\_\_\_Large cell\_\_\_\_\_\_\_\_\_Other (mixed adeno-squamous, not otherwise specified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_Small cell lung cancer\_\_\_\_\_\_\_\_\_Carcinoid |
| Cancer stage at diagnosis:Non-small cell lung cancer\_\_\_\_\_\_\_\_\_Stage 1\_\_\_\_\_\_\_\_\_Stage 2\_\_\_\_\_\_\_\_\_Stage 3\_\_\_\_\_\_\_\_\_Stage 4Small cell lung cancer\_\_\_\_\_\_\_\_\_Limited\_\_\_\_\_\_\_\_\_Extensive |

**Pulmonary Nodule Benign Diagnosis Detail**

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| **Benign Diagnosis Detail**Date of benign diagnosis\_\_\_\_\_\_\_\_\_\_\_\_Days from positive CT finding to diagnosis date\_\_\_\_\_\_\_\_\_\_\_ |
| Benign pulmonary nodule determination:\_\_\_\_\_\_\_\_\_The nodule decreased or resolved in size\_\_\_\_\_\_\_\_\_The size of the nodule was stable over two or more years\_\_\_\_\_\_\_\_\_The nodule has benign histology |
| Benign histology diagnosis:\_\_\_\_\_\_\_\_\_Fungal Infection (aspergillus, histoplasmosis, coccidiomycosis, cryptococcosis) \_\_\_\_\_\_\_\_\_Bacterial Infection (*Mycobacterium tuberculosis, Mycobacterium avian complex*) \_\_\_\_\_\_\_\_\_Inflammation (Granuloma) \_\_\_\_\_\_\_\_\_Fibrosis \_\_\_\_\_\_\_\_\_Benign tumor (Hamartoma, Chondroma)\_\_\_\_\_\_\_\_\_Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Shared Decision-Making Follow-up Table**

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| **Shared Decision-Making Follow-up Detail**Reason patient decided not to have or was ineligible for a shared-decision conversation with a clinician:\_\_\_\_\_\_\_\_\_\_Not interested in discussing lung cancer screening.\_\_\_\_\_\_\_\_\_\_Not interested in discussing lung cancer screening at this time, may be interested in the future.\_\_\_\_\_\_\_\_\_\_Has competing co-morbid conditions and not a good screening candidate (confirmed with clinician).\_\_\_\_\_\_\_\_\_\_Has symptoms that may be consistent with lung cancer, patient should meet with a clinician to discuss symptoms.\_\_\_\_\_\_\_\_\_\_Not willing to be treated if a lung cancer were to be found and not a good screening candidate. |
| Notes about shared decision-making follow-up: |

**Tobacco Cessation Counseling and Services Follow-up Table**

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| **Tobacco Cessation Counseling Follow-up Detail**Patient received tobacco cessation counseling:\_\_\_\_\_\_\_\_\_\_Yes (complete tobacco cessation services or resources detail below)\_\_\_\_\_\_\_\_\_\_No (complete detail about not receiving services below) |
| Details about tobacco cessation services or resources provided:\_\_\_\_\_\_\_\_\_Referral to QuitLine\_\_\_\_\_\_\_\_\_Referral to a Tobacco Cessation Counselor\_\_\_\_\_\_\_\_\_Patient was provided with brochures or other resources\_\_\_\_\_\_\_\_\_Patient was prescribed smoking cessation aid (Chantix, Wellbutrin, gums/ lozenges/ patches)\_\_\_\_\_\_\_\_\_Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Details about why patient did not receive tobacco cessation services:\_\_\_\_\_\_\_\_Patient was not interested in discussing\_\_\_\_\_\_\_\_Patient was possibly interested in discussing in the future (contact again in \_\_\_\_\_\_\_\_ months)\_\_\_\_\_\_\_\_Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notes about tobacco cessation counseling follow-up: |