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 #1  Diagnostic 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 #1  Diagnostic 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 Procedure  Diagnostic 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 Process  Name/ 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 appointment  Referral 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 4  Small 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: |