

**BREATHING ROOM:  
PREP TO IMPROVE LUNG  
CANCER SCREENING**

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ENTERPRISE SENIOR QUALITY STRATEGIST


# LUNG CANCER SCREENING (LCS) 101

## Eligibility according to the 2021 U.S. Preventive Services Task Force (USPSTF):

- **Age:** Adults aged 50 to 80 years **Smoking History:** Must have a 20 pack-year or more smoking history
  - (A pack-year = smoking one pack per day for one year. For example, 20 pack-years could mean one pack/day for 20 years or two packs/day for 10 years.)
- **Smoking Status:** Currently smoke Or quit within the past 15 years
- **Health Status:** No symptoms of lung cancer or limited life expectancy

**Modality:** Low-Dose Computed Tomography (LDCT) scan *once per year*

## Key considerations:

- Medicare covers until age 77
  - Medicare beneficiaries receive Shared Decision Making (SDM) before first LDCT
  - No national quality measure
- 



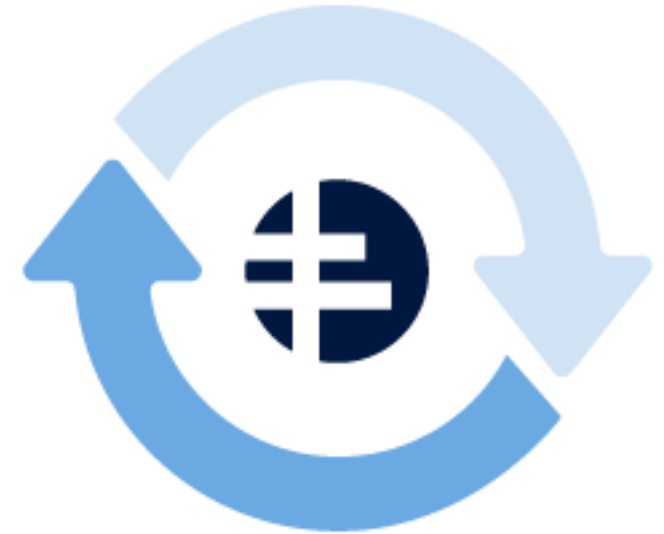
## WHERE IS **YOUR** LCS PROGRAM?

- A. Under consideration
- B. Decided to improve
- C. Actively working on
- D. Improvement complete; sustaining
- E. Unknown, not a current priority



# PHYSICIAN PERSISTENCE

- 2020** · Quality Cabinet initial discussion, prompted by chief medical officers
- 2021** · **USPSTF doubled eligible population**  
· Researched best practices, consulted ACS expert, Dr. Ella Kazarooni
- 2022** · **CMS eased documentation, scope, reporting requirements**  
· Created patient shared decision-making tool, built Epic smartset
- 2023** · Improved external referral intake forms
- 2024** · **Epic Lung Nodule Module go live**  
· **Multiple Epic documentation improvements**
- 2025** · Timely screening environmental scan  
· Capital planning to expand LDCT access
- 2026** · Operations improving throughput in anticipation of increased referral orders  
· Quality Cabinet votes to add LCS as quality priority in 2027



**Bold** = external improvements



# REGIONAL ACCESS

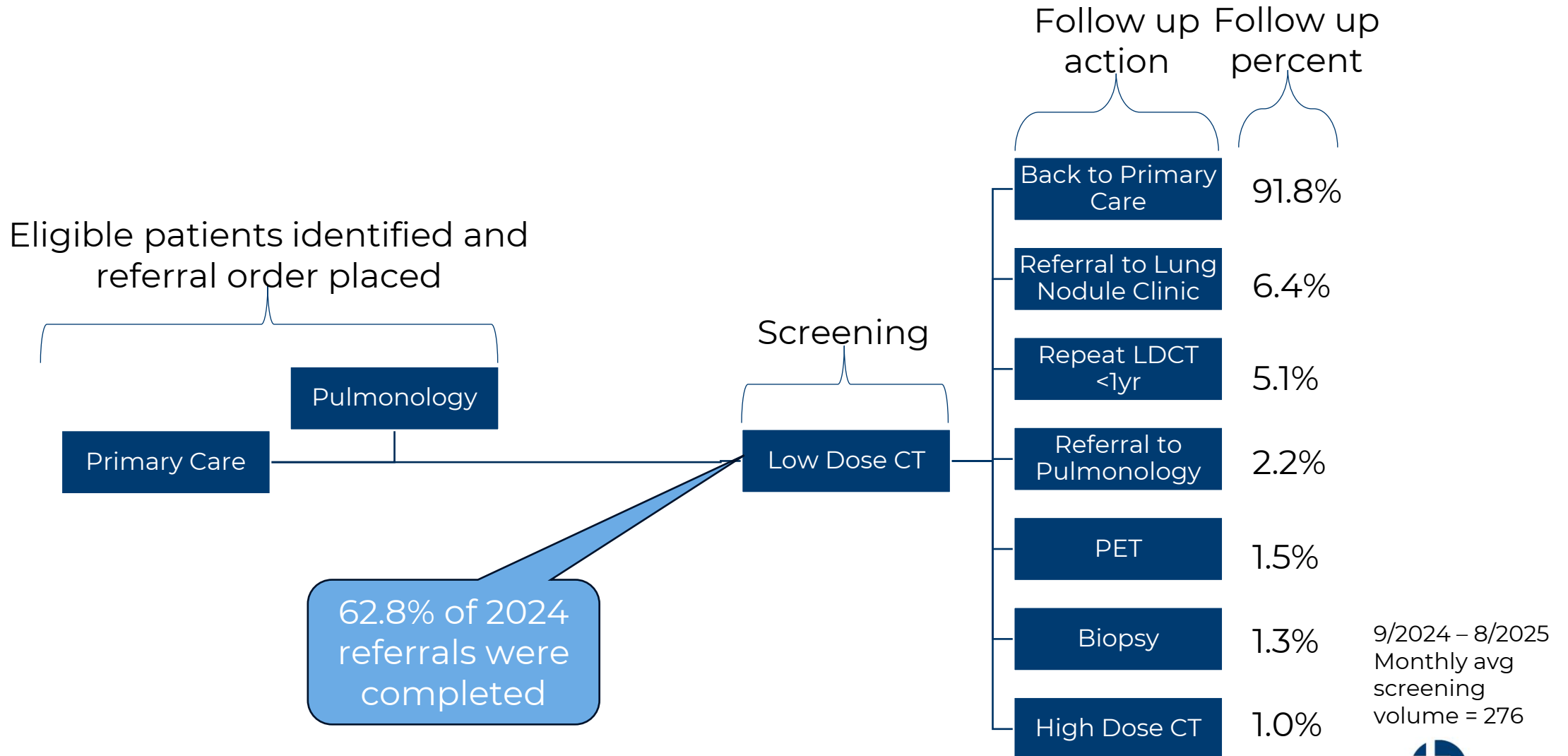
## Limiting factors:

- Pulmonologists, oncologists, radiologists, anesthesia, rad techs, cyto techs, and/or lung coordinators may be a gap in some markets
- Regions report inaccurate population awareness due to low referral volumes
- Competing diagnostic services for LDCT and subsequent resources



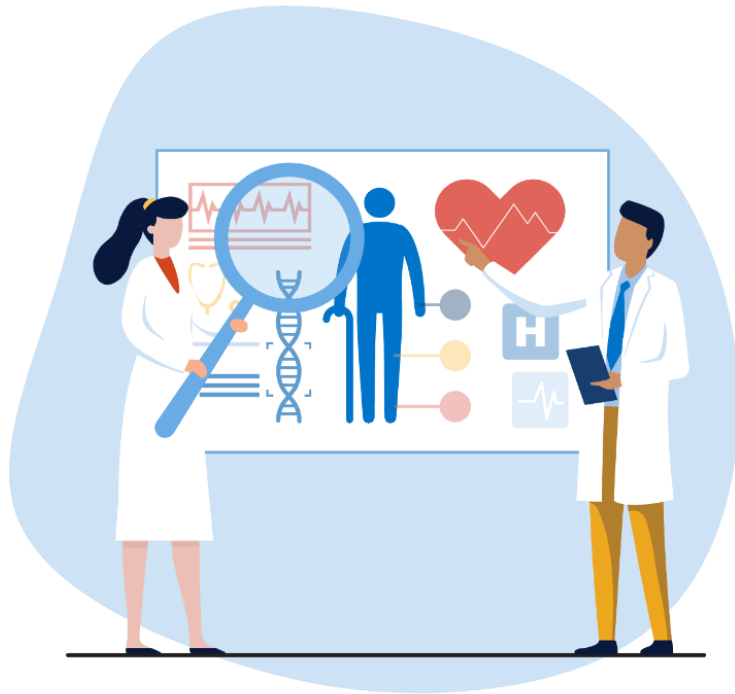
	<b>Bemidji</b>	<b>Bismarck</b>	<b>Fargo</b>	<b>SF</b>
<b>Scheduling wait time</b>	<7 days	<7 days	6 weeks	5 weeks
<b>Result turn around</b>	8.5 days	1.5 days	11 days	<1 day
<b>Locations</b>	1	4	8	12

# ND REGION SCREENING PROCESS VOLUMES



# INTERNAL LCS METRIC LOGIC

- American Cancer Society (ACS) and the National Lung Cancer Roundtable
- USPSTF
- American College of Radiology (ACR)
- Medicare National Coverage Determination (NCD, payment guidelines)
- The National Committee for Quality Assurance (NCQA, author of HEDIS measure)
- Centers for Medicare & Medicaid Services Merit-based Incentive Payment System Electronic Clinical Quality Measures (CMS MIPS eQMs)



Metric Criteria	Reference
Patients with a face-to-face encounter in current calendar year	Align to eQMs, Sanford uses logic to measure performance internally
At risk per age and smoking, health history	Medicare NCD and USPSTF
Low dose CT scan in the last 12 months	Medicare NCD and USPSTF, codes per American Lung Association
Diagnostic chest CT scan in the last 12 months	Some insurance does not cover more than one chest CT per year, Coding dept identified codes

# NEXT STEPS

## **2026: Continue to increase operational capacity**

- Convene Enterprise Lung Admin Council
  - Across service lines, regions, including support services and research
  - Coordinate efforts, timelines

## **2027 and beyond: Launch enterprise quality improvement project**

- Add LCS to regional PI Plans
- Add LCS as metric on Clinic Quality Dashboard
- Quality to create “measure” document, including documentation guidelines
- Build on foundation Epic reports for outreach
- Identify improvement opportunities
- Train to standard workflows and effective conversations while reducing stigma

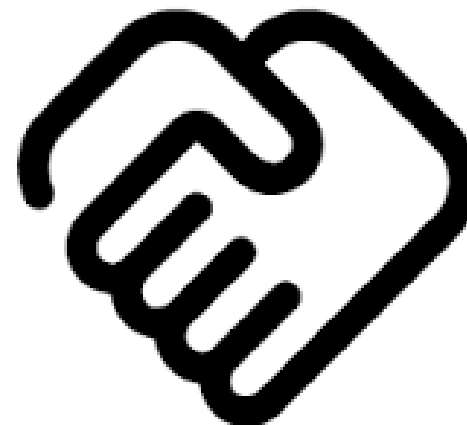
STATE  
COLLABORATION  
OPPORTUNITY

# ND Lung Cancer Roundtable

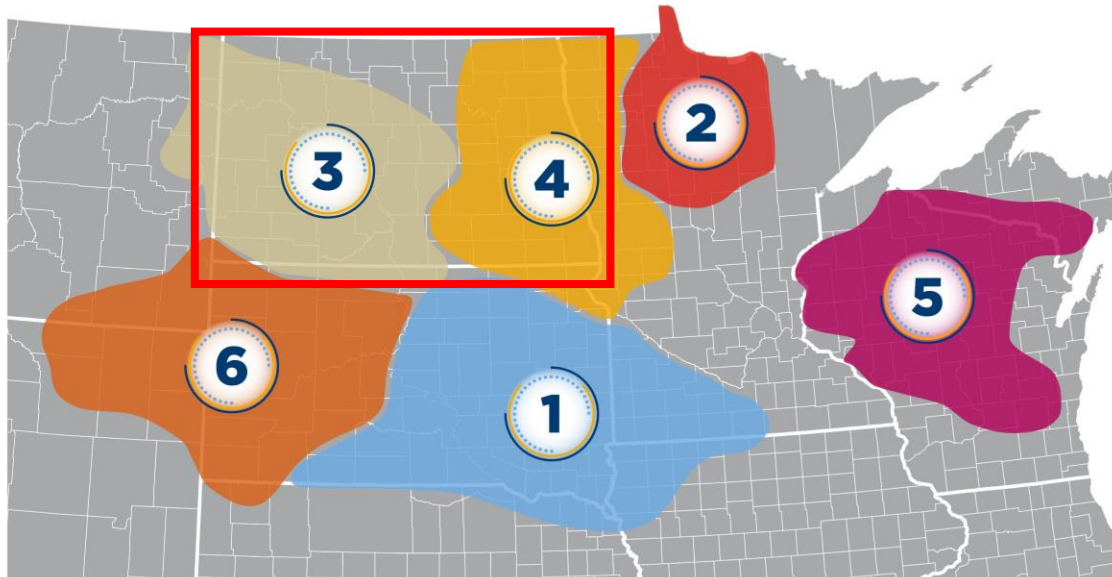
Annette Clark: [adclark@nd.gov](mailto:adclark@nd.gov)

Second Wednesday of each month  
at 11:00 CST

Next session: May 13, 2026



# SANFORD HEALTH SERVICES DIVISION



## 1. SIOUX FALLS

- **872** beds
- Total population **1,390,119**
- 5-year population growth projection **4.9%**
- Median household income **\$68,489**
- Unemployment rate **1.9%**
- Population over 65 years **16.0%**

## 2. BEMIDJI

- **155** beds
- Total population **299,161**
- 5-year population growth projection **2.1%**
- Median household income **\$57,059**
- Unemployment rate **2.5%**
- Population over 65 years **20.6%**

## 3. BISMARCK

- **285** beds
- Total population **585,366**
- 5-year population growth projection **5.1%**
- Median household income **\$73,993**
- Unemployment rate **2.0%**
- Population over 65 years **15.9%**

## 4. FARGO

- **891** beds
- Total population **817,466**
- 5-year population growth projection **3.4%**
- Median household income **\$66,420**
- Unemployment rate **1.8%**
- Population over 65 years **16.7%**

## 5. MARSHFIELD

- **546** beds
- Total population **1,348,434**
- 5-year population growth projection **4.0%**
- Median household income **\$69,637**
- Unemployment rate **3.3%**
- Population over 65 years **21.8%**

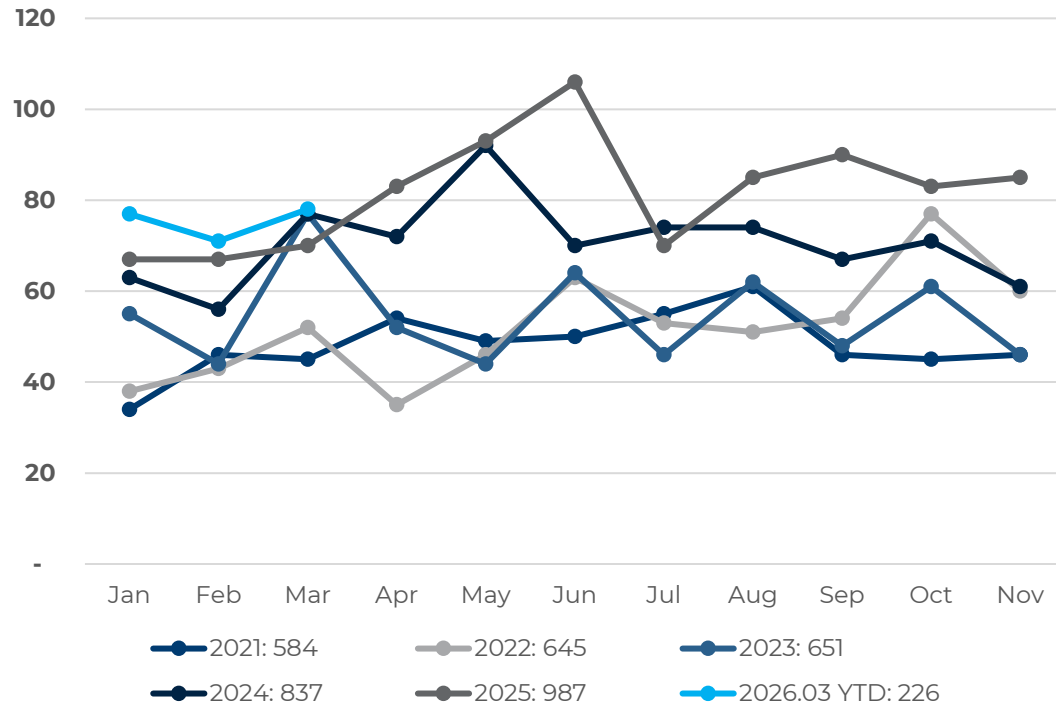
## 6. BLACK HILLS

- **25** beds
- Total population **493,484**
- 5-year population growth projection **11.6%**
- Median household income **\$70,923**
- Unemployment rate **2.1%**
- Population over 65 years **19.6%**

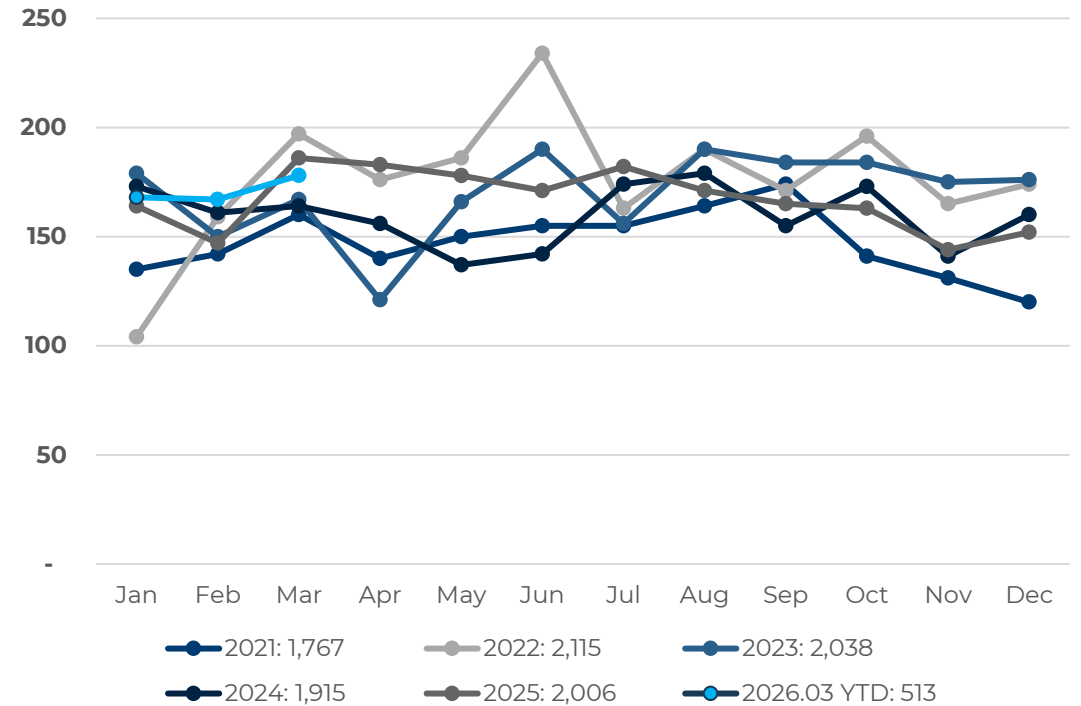


# ND REGIONAL LCS VOLUMES

## Bismarck Monthly Lung Cancer Screening Volume, Age 50-80



## Fargo Monthly Lung Cancer Screening Volume, Age 50-80



09.2022: New clinical practice guideline adopted (age 55 to 50)



# SHARED DECISION- MAKING TOOL

## Low Dose CT Scan Lung Cancer Screening: Choosing What is Right for You

You can make choices about your health. Screening if you are at risk for lung cancer may save your life. If lung cancer is found early, it may be cured by surgery.

Your age and other health factors affect when and if you should be screened.

It is important to get help to **stop smoking**. If you have quit, it is important not to start again. Staying tobacco free is the most important thing you can do to prevent lung cancer.

### What is low dose CT Scan?

A low dose CT scan is a painless test but does expose you to a low dose of radiation, and that is why it is not advised for everyone.

### How often should a low dose CT be done?

The low dose CT scan is done 1 time per year until:

- you have been smoke-free for 15 years.
- reach the age of 77.
- your health makes you no longer eligible.

### What are the possible drawbacks of screening?

- False alarms: You could have results from testing that reveal the need for more testing. These may or may not find cancer or other disease.
- More costs could result for added testing or treatment.
- Testing can add stress.
- A cancer could be found that was never a risk to your life.
- Screening with no sign of a growth or cancer may give you the false belief it is OK to keep smoking.

### Should you have a low dose CT scan?

The answers to these 4 questions must all be yes:	Yes	No
Are you age 50 to 77? (Check with your insurance plan because some plans have an age limit).		
Are you a current smoker or have you quit in the last 15 years?		
Do you have a 20 pack-year history of smoking? A pack-year is 1 pack of cigarettes per day per year. So, 1 pack per day for 20 years or 2 packs per day for 10 years would be 20 pack-years.		
Do you have good health so that you could have treatment and are you willing to have tests and treatment if you were found to have lung cancer?		

### What if you choose not to have a low dose CT scan?

It is still important to stop smoking.

You should report any symptoms of cough or weight loss, problems breathing, or other symptoms to your healthcare provider.