

Health Centers Advancing Lung Cancer Early Detection Pilot Phase 2

American Cancer Society

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Project Introduction & Innovation

Phase 1 project established procedures to implement LDCT referrals between Federally-Qualified Health Centers (FQHCs) and American College of Radiology accredited screening facilities

Phase 2 seeks to expand on Phase 1 results in three key ways:

- Determine if processes established in Phase 1 can be successfully replicated in a new FQHC
- Resolve challenges in determining and accessing appropriate follow-up after initial screening
- Collect data on patient experience and use to improve processes

Project progress to date

Replication in a New FQHC

- Applied Phase 1 processes to achieve faster project start-up in a new FQHC

Resolve Challenges to Follow-up

- No issues with accessing appropriate follow-up for Lung-RADS 1, 2, and 4 patients
- For Lung-RADS 3 patients, continue to encounter process and patient barriers to accessing follow-up tests

Patient Experience

- Currently identifying areas of interest and appropriate methods for direct patient data collection

Key Challenges

Accessing Appropriate Follow-up for Lung-RADS 3 Results

- LDCT is considered a screening
 - Payers will not cover more than one screening within a year
- Available CPT codes for follow-up testing refer to Chest CT rather than LDCT
 - Chest CT is considered diagnostic, but does not use Lung-RADS ratings for results
- Follow-up after a Lung-RADS 3 finding must be LDCT to maintain Lung-RADS ratings for comparison
- Diagnostic Chest CT CPT codes may come at a much higher out-of-pocket cost to patients

How do we ensure patients with a Lung-RADS 3 result can access the correct follow-up test, maintain Lung-RADS rating, and eliminate prohibitively high out-of-pocket costs?