

Lung Cancer Screening and Tobacco Cessation Integration into Electronic Health Records

Purpose

Health systems can integrate an eligibility assessment for lung cancer screening and tobacco cessation programming into Electronic Health Records (EHRs) increase identification and referral of “high risk” patients for diagnostic or preventive services. These services include low-dose computed tomography scans (LDCT), tobacco cessation programs, the PA Free Quitline and American Lung Association signature programs, including Freedom From Smoking® and the Lung HelpLine.

EHR integration increases the effectiveness of assessing a patient’s eligibility for LDCT and tobacco cessation programming by generating questions to assist in the “Ask, Advise and Refer” model.

Lung cancer kills 422 people every day—that’s approximately 18 deaths each hour, or one death about every three and half minutes. Currently, lung cancer accounts for less than 4% of all American cancer survivors. The five-year survival rate for lung cancer is only 18.6% and the average 5-year survival for lung cancer is among the lowest of all types of cancer.

Lung Cancer Screening

The United States Preventative Services Task Force (USPSTF) recommends annual screenings for lung cancer with low-dose computed tomography (LDCT).

Lung cancer screening is recommended for those considered at “high risk” for developing lung cancer, which includes anyone age 55–80 who is a current smoker or quit smoking in the last 15 years and smoked the equivalent of 30 “pack years” (1 pack a day for 30 years, 2 packs for 15 years, or any combination of years and packs that equals 30) is eligible for screening.

*Patients must have a written order for low-dose CT lung cancer screening.

Why Get Screened?

Lung cancer kills more Americans than any other cancer. This screening is used to detect lung cancer early, when it is more likely to be curable. If the disease is caught before it spreads, the likelihood of surviving five years or more improves to 56%.

Insurance

The initial scan will be covered without co-pay if the patient meets the high-risk criteria and is age 55–80 and has private insurance or is age 55–77 and has Medicare. Health plans, including Medicare and private insurance, may charge co-pays if the facility or provider is “out of network.” To avoid cost-sharing, it is important to confirm with the facility that its providers are “in network.”



What Should Be Included in a Lung Cancer Screening and Tobacco Cessation EHR Template?

Recommendation

- Low-dose Computed Tomography (LDCT) scan
- Tobacco cessation program



Tobacco History

How would you best describe your tobacco history?

- Current user Former user Never used

If Current Tobacco User:

- Number of cigarettes per/day: _____
- Number of smokeless tobacco products per/day: _____
- Age began using tobacco? _____
- Number of years using tobacco: _____
- Calculate “pack year history” _____

If Former Smoker:

- Number of months/years quit: _____
- Number of cigarettes smoked per/day: _____
- Number of smokeless tobacco products per/day: _____
- Number of years using tobacco: _____
- Calculate “pack year history” and compare to years quit _____

Contact Us

The American Lung Association has a variety of lung cancer screening resources for patients who qualify and healthcare professionals. Contact us for more information.



Visit [SavedByTheScan.org](https://www.savedbythescan.org) to see if you qualify for lung cancer screening.



Call the Lung Helpline at [1-800-LUNGUSA](tel:1-800-LUNGUSA).