It’s time to make lung cancer screening a priority. Transforming it from an underutilized service to a valued one among high-risk populations is fraught with challenges, but the stakes for continued slow adoption are too high to ignore. As an industry, we are missing opportunities to save lives.

Lung cancer each year kills more Americans than breast, prostate, and colon cancer combined. We have a moral obligation to establish lung screening as routine medical care for those who need it, the same way we did with mammography 25 years ago.

Success requires a new mindset in which healthcare organizations elevate lung screening to a strategic imperative and actively work to destruct misperceptions permeating the medical community outside of radiology and pulmonology. We must do all we can to energize and engage the right patients to enter these programs, and we must leverage the tools and technology to build these programs at scale.
This white paper identifies ways strategic lung screening programs can help deliver value-based care and keep patients from falling through the cracks, which leads to lower costs, higher survival rates, and better quality of life. It explores how modern technology is helping manage some of lung screening’s complexities, including logically and relevantly tracking patients through their healthcare journey, efficiently capturing data and making it easily retrievable, and communicating effectively with the entire team as well as patients.

New Strategic Mindset
Just 1.9 percent of eligible participants received lung cancer screening in 2016, according to a study presented at the 2018 American Society of Clinical Oncology Annual Meeting. Until the industry makes it a strategic imperative, participation rates will continue to languish.

The University of Rochester serves as a model, with participation rates well above the national average. Dr. Ben Wandtke, chief of Diagnostic Imaging at the University’s FF Thompson Hospital, estimates that 13 percent of the health system’s eligible high-risk patients underwent screening in 2017. He anticipates those percentages will climb exponentially because hospital management has made it a strategic priority.

“Lung cancer screening is a collaborative process,” Dr. Wandtke says. The hospital actively engages in community outreach to bring people into the program. His team has built relationships with local primary care physicians (PCP) to guide them in counseling patients and to better understand the risks and benefits associated with screening. Without such efforts, many PCPs across the county seem to overestimate the risks and underestimate the benefits of CT lung screening.

Modern Solutions
Diagnosing more cases of early-stage lung cancer will save lives. But in addition to enrolling massive amounts of high-risk people into screening programs, success depends on effectively managing their care throughout the patient journey — not an easy undertaking given lung screening’s inherent complexities.

Excel spreadsheets as the primary method to track lung-screening patients is an unsustainable way to manage their overall healthcare needs. Many organizations taking this approach are discovering inefficiencies and struggling to keep patients from falling through the cracks.

Common challenges include: maintaining accurate, up-to-date spreadsheets; sharing the data across departments and specialists and with the entire care team; understanding the lung-screening data in the context of each patient’s overall health, especially when other complications arise; properly managing treatment plans, which can evolve based on various factors; and submitting inaccurate or incomplete data to the American College of Radiology’s (ACR) Lung Cancer Screening Registry.

These problems will compound as patient participation increases. And a bigger, related issue lurks: It will be difficult for lung-screening programs to gain traction without tools and systems in place.

Modern technology is available to help healthcare organizations efficiently and effectively manage lung-screening programs and, equally important, incidental findings. New tools enable doctors and care teams to methodically capture data and easily share it with all who need it, including specialists, primary care physicians, patients, and the ACR Registry.

Through these tools, access to comprehensive, rich data helps specialists and care teams manage patients with logic and compassion. For example:

- Radiologists experience improved workflow through things like reliable dictation that’s tightly integrated with other systems.
- Streamlined tools make reports and patient records readily available without radiologists having to continually switch between systems.
- Radiologists can better anticipate the information needed downstream by nurse navigators.
- Care teams have greater success tracking, communicating with, and scheduling patients. And they do so with a reduction in mundane clerical work. That process looks different at every site. A scoring protocol allows for customization. From a software perspective, the goal is to let navigators manage their processes with as little effort as possible.

All of this culminates in error reduction and better patient care.

An example of compassion beyond the obvious ways the community is better served is when patients in the program die from some other cause. As with all patient data, the information cascades through the system. Parameters can be set that cancel all future appointment reminders, saving loved ones from the pain of receiving a call or letter that’s no longer relevant.
Valuable Data
Technology can support healthcare organizations’ efforts to create a strategic program and serve as a framework for efficiency in collecting and maintaining quality data.

On every screening case that's a “positive,” care teams need to answer critical questions: Is that a true positive or a false positive? Did that patient really have cancer or did they not? How long did it take to get them into see somebody for a consult? How many times were there complications?

The ACR Registry managers want these answers, too. But it's easy for programs to ignore steps and just cycle people through the screening workflow. With that approach, valuable information about program outcomes is lost.

Benefits of software include the ability to collect that data and report on key quality measures. It can be powerful information to share with the physician community, as opposed to quoting only general industry research. Healthcare organizations can measure how their programs are performing and engage physicians in that conversation.

Value-Based Care
Under today’s value-based healthcare model, investing in lung cancer screening makes sense on many levels. The patient care benefit: early detection could save somebody's life. And the cost and difficulty of treating that patient at an earlier stage is less than treating someone with end-stage disease.

Rumblings have surfaced that, someday, failure of a PCP or pulmonologist to not recommend screening for an eligible patient could be considered malpractice. We are a long ways from that. But the reality is people suffering from lung cancer — even those who don't yet know it — deserve our time and energy. Through lung screening programs, we have the ability to save lives.

Conclusion
A strategic mindset coupled with modern technology can help lung cancer screening programs reach the at-risk population they were intended to help.

For more information, visit [http://engage.nuance.com/lungcancerscreening](http://engage.nuance.com/lungcancerscreening) or call 1-877-805-5902.

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