

CERNER FLASH

CT Lung Cancer Screening Order/Form/Workflow Revisions

11/5/2019

There have been updates to the "CT Lung Cancer Screening" order and workflow. This previous paper process has now been made electronic in One McLaren Cerner.

CHANGES FOR PROVIDERS

Providers now need to indicate that they participated in a shared decision-making discussion with the patient per CMS and commercial payor by selecting "YES" to the question within the order.

	51 KCI LAN MO agnostic Tests	; KCI LAN Med Onc Clinic \	WR Fin#:710000	00630811 Admit: 10)/3/2019 18:35 E	DT		
2 010		CT Lung Cancer Screening	Order	*Est. 10/18/2019	*Est. 10/18/2019 By signing this or), Routine der the provider attests the patient has participated in a shared decision n	aking session during which potent	tial risks .
▼ Det	tails for CI	Lung Cancer S	creening					
1	Details 🍺 🕻	Order Comments ㅣ 📄 🐼 Dia	agnoses					
+	* In. 【) ×						
		*Requested Start D	Date/Time: 10/1	8/2019 🚔 💌 09	20 🚔 EDT	*Priority:	Routine	~
	*Rea:	son for Exam/Signs and S	iymptoms:		*	Pregnant:	C Yes (No	
		Tran	sport mode: COP	o f Smokina		Isolation Code:		~
		Anesthes		r Smoking (es 🔘 No		Patient has IV:	C Yes C No	
		Pa	tient on O2:	íes 🔿 No		Order for future visit:	● Yes ◯ No	
		*Performing	g Location:		*	Exam to be performed outside organization?:	🔿 Yes 🔘 No	
*Pat	tient has parti	icipated in a shared decis	ion maki	res C No		If No, did shared decision making discussion occur during previous \ensuremath{s}	C Yes C No	

If the shared decision-making discussion occurred during a previous visit, providers should select "No" to the "Patient has participated in a shared decision-making discussion" question, and "Yes" to the "If No, did shared decision-making occur during previous screening?" question

⊿ LN51	KCI LAN MO;	KCI LAN Med Onc	Clinic WR Fin#:71	000000630811 Ad	mit: 10/3/2	2019 18:35 El	DT		
⊿ Diag	nostic Tests								
		CT Lung Ca	ancer Order	*Est. 10/18/2		st. 10/18/2019			the second states
		Screening			Ву	signing this ord	der the provider attests the patient has participated in a shared decision n	aking session during wh	ich potential risks .
⊥ Details for CT Lung Cancer Screening									
		-		••					
🖄 De	etails 🌐 On	der Comments 🏾 🗍	Diagnoses						
+ 3	L. I								
	• III. 💌	<u>j</u>							
		*Requested	Start Date/Time:	10/18/2019	• 0920	EDT	*Priority:	Routine	~
	*Reaso	on for Exam/Sign	s and Symptoms:			~	Pregnant:	C Yes No	
			Transport mode:	COPD			Isolation Code:		~
				Hx of Smoking					
		A	nesthesia Needed?:	C Yes C No			Patient has IV:	C Yes C No	
			Patient on O2:	O Yes O No			Order for future visit:	Yes C No	
		*Per	forming Location:			~	Exam to be performed outside organization?:	C Yes No	
*Patie	ent has partic	ipated in a share	d decision maki	C Yes C No			If No, did shared decision making discussion occur during previous s \ldots	C Yes C No	

- The Reason for Exam/Signs and Symptoms field has been limited to the following options:
 - COPD & Hx of Smoking



DOING WHAT'S BEST.



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CHANGES FOR NURSING/MA

When the CT Lung Cancer Screening order is placed, a task will be created under the "Office Clinic Tasks" tab for Nursing/MA to fill out the CT Lung Cancer Screening Form.

Referrals	Office Clinic Tasks	Prior Authorization		
Task retriev	al completed			
Ta	ask Description		Task Status	Scheduled Date and Time
P	ease Fill Out CT Lung Ca	10/3/2019 19:04 EDT		

When double-clicking the task the CT Lung Cancer Screening Form will be launched for completion. Nurse or MA should fill out and sign form.

P CT Lung Cancer	Screening Referral Form - ZZTEST, KCILUNGTHREE	- • •
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*Performed on: 10/	18/2019 v 1049 v EDT B	y: Cerner Test, Ambulatory: Oncology MA Cerner
CT Lung Cancer :	CT Lung Cancer Screening Referral Form	n î
	By signing this form, you are certifying that:	
	- The patient has participated in a shared decision making session during which potential risks and benefits o CT lung screening were discussed.	f
	 The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment. 	1
	 The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable. 	
	□ Shared decision making session occured during previous screening.	
	Check if meets criteria:	
	The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).	
	Cigarette smoking history greater than or equal to 30 pack years Ex: 1 pack per/day x 30 years = 30 Pack Year Ex: 1.5 packs/day x 20 years = 30 Pack Year	
	Average number of packs/day: x Years smoked = Pack year history Currently Smoking? Yes No	
	Currently Smoking? Ves No If former smoker has quit smoking within the last 15 years (must have quit within last 15 years): when d	id they quit? years ago
	Weight kg Height 175 cm + 68 00 m 175 00 cm	
	Medicare Insurance Primary criteria for LDCT Screening	
	Age 55-77	
	Commercial Insurance Primary criteria for LDCT Screening	
	Age 55-80	
	Check if applicable:	
	D Patient has family history of lung cancer	
	Patient had occupational or enviromental exposure to smoke, radon or asbestos	
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		In Progress

Upon signing the form, the information will be auto-forwarded to Lung Screening Navigator pool at Lansing for review. This form is required to be filled out prior to the CT Lung Cancer Screening being scheduled for the patient.



DOING WHAT'S BEST.