



## SESSION RECAP

# Kentucky Lung Cancer Screening Learning Collaborative

## *Bundling Cancer Screening Interventions: How Does Lung Fit In?*

May 6, 2026



Access the recording [here](#)  
Access the slides [here](#)

### Summary of the session

The session focused on how lung cancer screenings can be coupled with other cancer screening services to increase appropriate uptake in the eligible population. Guest speaker Annie Lally, BSN, RN, Rush Lung Center, Rush University Medical Center, discussed the rationale for bundling cancer screenings, identified which cancer screenings pair most effectively with lung cancer screening, and shared practical tools and resources that support bundled screening implementation.

### Subject Matter Experts

- Plenary Speaker: Annie Lally, BSN, RN, Rush Lung Center, Rush University Medical Center

### Presentation Highlights:

The session explores how healthcare systems can **combine (bundle) lung cancer screening with other routine preventive screenings** (e.g., mammograms, colonoscopies) to:

- Increase screening rates
- Reduce missed opportunities
- Improve population health outcomes

### Core Problem Addressed

- **72% of adults are behind** on at least one recommended cancer screening
- Lung cancer screening rates are especially low (**~16–23% nationally**)
- Care is often **fragmented**, with limited time in primary care visits (~18 minutes)

### Solution Presented

Annie shows how **integrating screening workflows**—especially during existing appointments—can:

- Capture more eligible patients
- Reduce system inefficiencies
- Leverage “teachable moments” when patients are already engaged

She shares real-world examples from Rush (e.g., combining mammograms with lung screening outreach) and discusses:

- Workflow design
- Use of nurse navigators
- EMR tools (Epic/Cerner)
- Cross-department collaboration strategies

The session concludes with:

- Q&A discussion on implementation challenges
- A new [NCI-funded research opportunity \(QUILS study\)](#)
- Upcoming collaborative events (June 3, 2026 – Final Session of LC, in-person in Frankfort)

## Session: Key Take-Aways

### 1. Bundled screening = major opportunity

→ Combining screenings (lung + breast, colorectal, etc.) significantly improves patient uptake and system efficiency.

### 2. Lung cancer screening is underutilized

- Screening rates are **far below other cancers (e.g., ~80% for mammograms)**
- There is a large, missed opportunity to detect lung cancer early

### 3. Use “teachable moments”

Patients already coming in for care (e.g., mammograms) are:

- More engaged
- Have already overcome barriers (transport, time, insurance)

→ Best moment to introduce additional screenings

### 4. Simple workflow changes can have big impact

Examples:

- Add **1–2 screening questions** to intake forms
- Use **EMR alerts or outreach tools**
- Provide **flyers or messaging at point of care**

### 5. Navigators are critical

- Nurse navigators:
- Identify eligible patients
- Conduct shared decision-making
- Place or coordinate orders
- Ensure follow-up

→ They bridge the gap between systems and patients

## 6. Collaboration is essential—but challenging

Success requires:

- Working across departments (radiology, primary care, etc.)
- Leadership buy-in
- Persistence in building relationships

## 7. Start small, scale up

You don't need complex AI tools:

- Low-cost interventions (e.g., questionnaires, outreach calls) are effective
- Even simple programs showed measurable increases in screening uptake

### Highlights

#### Data & Evidence Highlights

- 72% of adults overdue for at least one screening
- Lung screening uptake: ~16–23% vs. ~80% for mammography
- Bundling mammograms + lung screening increased participation by **50%+ in one study**

#### Real-World Implementation Example (Rush)

- Added 2 smoking-related questions to mammogram intake
- Identified **392 potential patients**
- Confirmed **210 eligible**
- Generated **67 new screening orders**

→ Demonstrates measurable impact with minimal workflow disruption

#### Practical Strategies Shared

- Add eligibility questions to intake workflows
- Use EMR tools (alerts, campaigns, registries)
- Schedule **same-day screenings when possible**
- Automate outreach (e.g., patient portal messages)

# EMR Tools, Care Gap Prompts & Decision Support

Epic (MyChart / BestPractice)	Cerner / Oracle Health	Manual / Any EHR
<ul style="list-style-type: none"><li>• BPA (Best Practice Advisory) fires when patient meets LCS criteria but has no lung CT on record</li><li>• Preventive Care Gaps panel visible at check-in and during AVS generation</li><li>• Lung screening SmartSet: one-click LCS order + SDM documentation</li><li>• MyChart messaging: send tailored prevention reminders post-visit</li><li>• Reporting Workbench: pull patients overdue for LCS by age/smoking history</li><li>• Cheers campaign to automate continuous outreach</li></ul>	<ul style="list-style-type: none"><li>• CDS Hooks and HealthIntent population health dashboards flag LCS-eligible patients</li><li>• PowerPlan for lung screening: bundles order, SDM note, and follow-up task</li><li>• HealthRegistries: create a lung screening overdue registry filterable by other active screenings</li><li>• Patient portal messaging to eligible patients identified via population health tools</li></ul>	<ul style="list-style-type: none"><li>• Modify mammography intake questionnaire to include age + smoking pack-year questions</li><li>• Paper or digital eligibility checklist at point of care (see next slide)</li><li>• Standing order protocol: if patient meets LCS criteria at any preventive visit, navigator is auto-notified</li><li>• Monthly EMR report of patients with mammography or colonoscopy but no LCS</li></ul>

## Barriers Identified

- Time constraints in primary care
- Low provider awareness of lung screening
- Lack of standardized referral pathways
- Patient misunderstanding or anxiety

## Communication Tips

- Clearly state outreach messages are **“not test results”**
- Emphasize: screening is for **healthy patients**
- Offer optional participation—respect patient readiness

## Important Insight: Bundling works **both ways**

- Not just adding lung screening to other visits
- But also adding **other screenings when patients come for lung CT**

## Eligibility Overlap: Where Lung Fits the Prevention Calendar

Screening	Key Eligibility	Age Range	Pairing Opportunity
<b>Lung CT (LCS)</b>	50–80, 20 pack-yr smoking history, current/quit within last 15 years (USPSTF 2021)	50–80	<i>Anchor for all other screenings below</i>
Mammography	Average risk women ≥40; high risk earlier	40+	Strongest overlap — 58% of LCS-eligible women have recent mammo
Colorectal (CRC)	Average risk age 45–75; FIT, colonoscopy, stool DNA	45–75	High overlap with LCS age band; same PCP encounter
Cervical (Pap/HPV)	Pap q3yr age 21–65; co-test q5yr age 30–65	21–65	OB/GYN visit is a teachable moment for LCS in eligible women
Heart (CCTA)	CCTA: intermediate CV risk; USPSTF grade B statin use 40–75	40–75	Smoking history at LCS risk often carry cardiac risk — dual CT opportunity
Abdominal Aortic Aneurysm (AAA)	Men 65–75 who ever smoked (one-time ultrasound)	65–75	Male LCS patients are high-value candidates for AAA screen

Sources: USPSTF 2021 (lung); USPSTF 2024 (CRC, breast, cervical, AAA, statin); ACC/AHA cardiovascular guidelines

### Future Opportunities Highlighted

- New national study (QUILS) to improve lung screening systems
- Continued collaboration through networks like the [Lung Screening Network](#)
- Expansion of bundled screening approaches nationally

### Bottom Line

This session emphasizes that **bundling cancer screenings is a practical, evidence-based strategy** to:

- Increase screening rates
- Reduce missed diagnoses
- Improve coordination of care

→ Even **small workflow adjustments + strong collaboration** can drive meaningful improvements in population health.

### Resources

- [Lung Screening Network](#) is a grassroots consortium of professionals who aim to increase awareness and adoption of lung cancer screening. This group was created by navigators throughout Chicagoland in 2019, and has expanded nationally and internationally since that time.
  - Email [lungscreeningnetwork@gmail.com](mailto:lungscreeningnetwork@gmail.com) for information about upcoming events and how to become involved.

### Upcoming Events

**Kentucky Lung Cancer Screening Learning Collaborative – Final Session – In-Person**

## Working Together to Increase Lung Cancer Screening in Kentucky

**June 3, 2026** | 9:30am – 2:00pm ET | Kentucky Historical Society, 100 West Broadway, Frankfort, KY 40601 |

- Don't miss this opportunity to network with like-minded colleagues committed to increasing lung cancer screening in Kentucky! During this session, you'll have the opportunity to: celebrate progress across the eight-session learning collaborative; deepen cross-disciplinary problem-solving; strengthen relationships to support LCS sustainability and spread; identify next steps and commitments for ongoing improvement in lung cancer screening.

### Subject matter expert contact information:

Name	Organization	E-mail
Annie Lally, BSN, RN	Program Manager, Lung Cancer Screening, Rush Lung Center, Rush University Medical Center	Ann_M_Lally@Rush.edu