



For All Schedulers and PAS Teams

## New Lung Cancer Screening Scheduling Process

*Effective Tuesday, Aug. 31*

On Tuesday, Aug. 31, a new lung cancer screening scheduling process will streamline your current workflow and reduce manual processes.

Starting Aug. 31, after the ordering provider places the Lung Cancer Screening (LCS) order, and the patient calls an HM facility to schedule LCS:

- Scheduler verifies the order. **Note:** This order can now be accepted in the ordering provider's preferred format. It no longer has to be submitted on the HM LCS form.
  - **If the order isn't in Epic:**
    - Scheduler transcribes the order and documents answers to LCS questions.
    - To proceed, all questions must be answered to determine patient eligibility.
  - **If the order is in Epic:**
    - Scheduler confirms the order and verifies patient's answers to LCS questions.

**CT Chest Lung Cancer Screening** ✓ Accept ✗ Cancel

**Oncology Indications for Exam**

Reason for Exam (Free Text):

The patient is between the age of 55-77 years?  Yes  No

Patient Date of Birth:

Patient has smoked an equivalent of 30 packs per year?  Yes  No

What is the patient's smoking status?  Current Smoker  Former Smoker  Never Smoker  Smoker, Current Status Unknown

Unknown if Ever Smoked

**!** If Former, how many years since last smoked?

**!** What is the PACK YEARS smoked?

Patient is asymptomatic?  Yes  No

Patient has not had a CT scan of the chest within the last year?  Yes  No

Patient has no known history of active lung cancer within the last 5 years?  Yes  No

Patient has participated in a shared decision making session: including explanation of benefits and of harms of screening, follow-up diagnostic testing, over diagnosis, false positive rate and total radiation exposure?  Yes  No

The patient has received counseling on the importance of maintaining cigarette smoking abstinence and if appropriate, has received information on smoking cessation interventions?  Yes  No

**!** I attest that the questions above have been reviewed.  Yes  No

**!** Is the patient pregnant?  Yes  No  Unknown

What are the patient's sedation requirements?

Location: 

- HMH HOSPITAL
- HMSL HOSPITAL
- HMSJ GARTH HOSPITAL
- HMSTC HOSPITAL
- HMSTJ HOSPITAL
- HMW HOSPITAL
- HMWB HOSPITAL
- HMH HOSPITAL OPC
- HMH Methodist Imaging Center POS
- HMPO PEARLAND 8520 W BROADWAY
- HMTW HOSPITAL
- HMPO PIN OAK POS
- HMSJ HOSPITAL OPC
- HMPO League Line
- External Location

Sched Inst: [+ Add Scheduling Instructions](#)

**!** Next Required ✓ Accept ✗ Cancel

- **If the patient meets criteria:** Schedule the LCS appointment.
- **If the patient doesn't meet criteria:** Don't schedule the LCS appointment.