

THE GOAL

The Lung Cancer Early Detection Program (LCEDP) aims to **reduce the percentage of lung cancer diagnosed at a late stage, from 71.1% to 61.0% by 2030.**

OUR APPROACH

To help achieve this goal, LCEDP developed partnerships with two large health systems, a statewide association of recognized tribes and tribal organizations, and an organization recognized in health care quality improvement to support the use of strategies and interventions that increase the proportion of eligible adults who receive lung cancer screening.

Over a 12-month period, from October 1, 2022, to September 30, 2023, partners carried out activities to increase community demand for lung cancer screening, improve provider delivery of lung cancer screening and tobacco dependence treatment services, and advance health equity in lung cancer screening.

KEY HIGHLIGHTS

Increased community demand

- A large health system implemented a public education campaign by developing a lung cancer screening tri-fold brochure for direct distribution to patients in clinic waiting rooms. The purpose of the brochure was to increase awareness of lung cancer screening and encourage patients to talk with their health care provider about their risk for lung cancer, as well as the pros and cons of lung cancer screening.

Advanced health equity

- A large health system used data to assess and identify inequities within their patient population in lung cancer screening and initiated actions to address these inequities.
- A statewide association of recognized tribes and tribal organizations implemented an education campaign for health care providers and patients to support tobacco screening and referral programs in tribal health centers.

Improved provider delivery

- More than 150 health care professionals were educated on lung cancer screening through eight educational offerings throughout the year, including on-demand web-based training, live in-person meetings and live virtual presentations.
- A large health system changed its process to improve the determination of patients eligible for lung cancer screening. The percentage of patients with unknown eligibility decreased from 32.2% to 1.5%, a 95% decrease. The percentage of patients identified as eligible for lung cancer screening increased from 22.0% to 25.7%, a 17% increase.
- Seven professionals were certified in tobacco cessation counseling for tribal community members and two tribal health clinics reviewed and revised processes within their electronic health records system (EHR) to refer patients to tobacco dependence treatment.



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