Advisory Board

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In Partnership With The Lung Ambition Alliance

How Carle Health advances early lung cancer detection through incidental findings

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Carle Health

The organization

- Integrated delivery network based in Urbana, IL
- System includes five hospitals, large multi-specialty provider groups, and two health plans

Their approach

- Developed lung nodule program in 2017
- Utilize artificial intelligence (AI) solutions to aid in detection of smaller lung nodules
- Lead to earlier lung cancer detection and improved patient outcomes

Keys to success

- Align incentives to develop a collaborative program
- Reliably detect and document incidental pulmonary nodules (IPNs)
- Close care gaps with robust patient support

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Advisory Board interviews and analysis.

This educational resource details health care provider's experience creating lung cancer detection programs and does not represent the views or opinions of AstraZeneca. Individual experiences and recommendations may vary with patients.

#1: Align incentives to develop collaborative program

Stakeholders	Motivations
Clinicians and clinical leaders directly involved with IPN, lung screening, or lung cancer care Ex: radiology, pulmonology, oncology	• Provide high-quality, patient-centered care • Streamline multidisciplinary collaboration
Clinicians and clinical leaders often caring for patients with pulmonary nodules or lung cancer Ex: primary care, hospitalists	• Ensure high-quality, patient-centered care • Maintain communication about findings, diagnosis, and ongoing IPN care
Safety and quality committees	• Measurably improve quality
Health system strategy and business leaders	• Secure patient loyalty and generate downstream revenue
Health plan leaders	• Savings due to early detection

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#2: Reliably detect and document IPNs

Two ways Carle utilizes AI to identify IPNs

Prospective

- Images of chest or lungs
- Radiologists use during initial read to support interpretation
- ClearRead

Retrospective

- Images that include lungs
- Subspecialized radiologists review several times per week
- Ferrum

Suspicious findings shared with navigators

QUESTIONS TO CONSIDER

- What gaps do we have in IPN findings? Which solutions help us close those gaps?
- How can we measure Return on Investment (ROI) of IPN solutions?
- What is the best process to reliably handoff patients to navigators?

Carle Health, Urbana, IL.

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#3: Close care gaps with robust navigation support

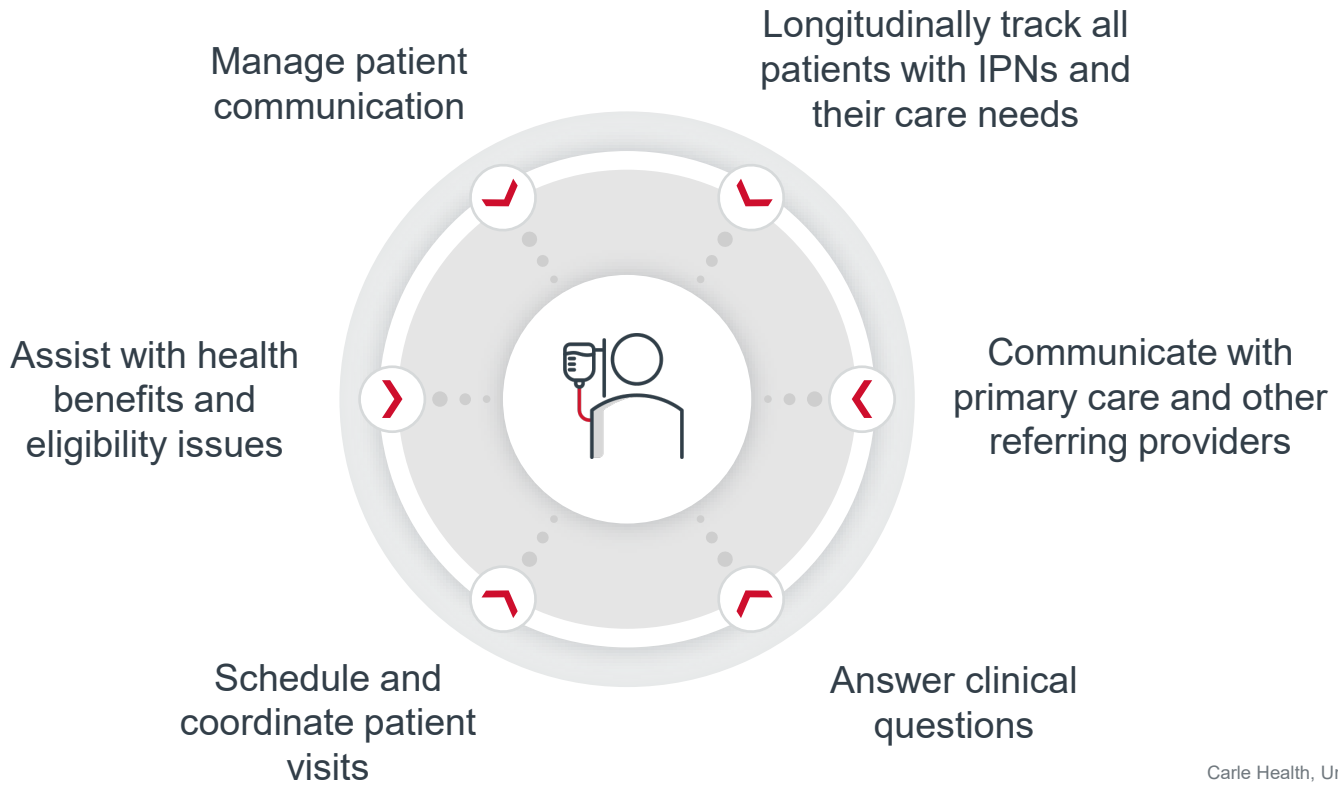
Role 1: Imaging navigator

Role-in-Brief

- Primary responsibility is to ensure patients receive recommended follow-up imaging, including for IPNs
- Employed by Carle's radiology department; lung navigators are employed by oncology
- Uses tool within the electronic health record (EHR) to identify patients at least 30-days overdue for imaging
- Primarily works with referring providers, rarely patients directly
- Offers additional layer of support to ensure patients receive recommended follow-up care

Role 2: Lung navigators

Examples of how Carle's lung navigators support patients



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Organization alignment leads to significant improvement

A closer look at the impact of Carle's lung nodule program

	2017	2020
% of all new cases found at Stage I and II	31.1%	40.9%
Reports in which a lung nodule was noted	173	6438
Total computed tomography (CT) screens completed	430	1159

DATA SPOTLIGHT

337%

Approximate revenue increase from 2019-2021 from follow-up based on average reimbursement for all modalities except breast imaging

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The Lung Ambition Alliance, a global coalition with partners across disciplines in over 50 countries, was formed to combat lung cancer through accelerating innovation and driving forward meaningful improvements for people with lung cancer. We do this by advocating for improved approaches in three areas: screening and early diagnosis, accelerated delivery of innovative medicine, and improved quality care.

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