



Change Packages to Advance Health Home
Cancer Screening

Praxus Health

Change Package: **Screening** (Lung Cancer)

**Purpose:**

The change package supports primary care community practices to implement reliable screening practices for a suite of maneuvers featuring Lung Cancer Screening for their patient panels by describing evidence-based behavioural changes and providing practical tools and resources.

Aim Statement:

The [clinic] will improve screening rates for [lung cancer] from X% to Y% by [date].

N.b Terms enclosed in square brackets to be edited based on clinic preferences.

**Outcome Measure:**

The percentage of patients at high risk for lung cancer that have been referred for lung cancer screening.

Balancing Measure:

The average cycle time for a regular appointment.

Process Measures:

The percentage of patient records with documented tobacco history.

This change package is part of Praxus Health's broader strategy to support primary care physicians, nurse practitioners and teams to implement cancer screening within a Patient's Health Home model that aligns with College of Family Physicians of Canada's Patient's Medical Home vision.¹

Screening lays a foundation for and establishes a commitment to pursuing a Patient's Health Home model of care that results in better patient outcomes, better patient experience, improved provider and staff experience, and higher value care.

Why is screening for lung cancer important?

In Canada, approximately 1 in 14 people will develop lung cancer and lung cancer is the leading cause (24%) of cancer deaths. Five-year survival rates for stages I, II, III and IV in Canada are 62%, 39%, 15% and 3%, respectively. Primary care practices are best positioned within the healthcare system to provide lung cancer screening for their patients

Having physician leadership which is engaged, passionate, and active in clinical care improvement is critical to long-term success of screening for lung cancer and other panel based screening activities.

Using this change package:

This change package contains links to documents residing on the website: <https://praxushealth.ca/lungcollab/> and is intended to be used by primary care Practice Facilitators and other individual supporting improvement with primary care practice teams.

Use with Lung Cancer: Primary Health Care Sequence to Achieve Change (STAC) to support clinics through implementation of panel based screening featuring lung cancer screening utilizing the high-impact changes of:

- Identify paneled patients for screening
- Standardize documentation within the patient record
- Optimize screening processes through teamwork
- Practice patient-centered behaviours and communication

Change Package: **Screening** (Lung Cancer)

1. Identify paneled patients for screening

By having an accurate list of patients for each primary care provider and those patients with significant smoking history there is greater likelihood that patients at risk for lung cancer will follow the screening recommendations provided.



Change Ideas

Having the patient identify their primary care provider at every interaction

Recording patient preference for attachment in standardized location in the EMR

Marking the patient record in the EMR with a date stamp when patient attachment is confirmed

Maintain patient panel lists by removing or inactivating patient records as they leave the practice



Tools

- [STEP Workbook](#) (ACTT)
- [Panel Identification Guide](#) (ACTT)
- [EMR guides and videos](#) (ACTT)

Change Package: **Screening** (Lung Cancer)

1. Identify paneled patients for screening [continued]

By having an accurate list of patients for each primary care provider and those patients with significant smoking history there is greater likelihood that patients at risk for lung cancer will follow the screening recommendations provided.



Change Ideas

Define data needs for identifying patients needing screening care

- Record patients tobacco use history in patient record
- Record number of pack years tobacco history in patient record for patients with a tobacco use history
- Record date and result of LDCT

Generate report and/or point of care reminders for patients eligible for screening offer

- Patients with >20 pack year tobacco history or Environmental exposure and no LDCT within 12 months



Tools

- Province-specific lung cancer screening information (Appendix)
- [Tobacco Use History definitions](#) (CTUMS)

Change Package: **Screening** (Lung Cancer)

2. Standardize documentation within the patient record

By recording patient information in a consistent manner the EMR can generate reminders and reports to inform your screening improvement efforts.



Change Ideas

Review and agree, as a clinic, on how required data for screening will be captured and recorded

- Tobacco use history
- Pack-years
- LDCT date and result

Record offers of screening in a standardized location and method in the EMR



Tools

- Pack year [calculator](#)

EMR video:

- [Telus EMR](#)
- [Accuro EMR](#)
- [Oscar Pro](#) (Well Health)
- [Med Access](#)

Change Package: **Screening** (Lung Cancer)

3. Optimize screening processes through teamwork

By defining screening workflows and using standardized approaches primary care providers and teams are more likely to perform assigned tasks and patients accept recommended care.



Change Ideas

Test and implement processes for opportunistic screening

Test and implement processes for outreach screening

Offer screening to patients (e.g. Conversation tools)

Establish clear roles and responsibilities for team members in offering screening care



Tools

- Example process flow map for opportunistic screening (Appendix)
- Example process flow map for outreach screening (Appendix)

Change Package: **Screening** (*Lung Cancer*)

3. Practice Patient-Centered Behaviours and Communication

By practicing culturally-sensitive, patient-centered care behaviours across all patient groups



Change Ideas

Use patient-centred communications leading up to and throughout the visit, ensuring effective shared decision-making practices are integrated

Provide differentiated health education and action planning to patients that accounts for various backgrounds, health / educational literacy through written and verbal means.

- Conduct patient education, self-management instruction, and action plan by providing accessible information to the patient (ie. use simple terminology and use contextual clues)
- Use written and verbal methods to communicate key actions/next steps
- Engage in “teach-backs” to confirm understanding and reiterate messages as necessary



Tools

- [BC Cancer Patient Brochure](#)
- [Video decision aid](#)

Appendix - Lung Cancer Screening

In select provinces as of July 2025



British Columbia

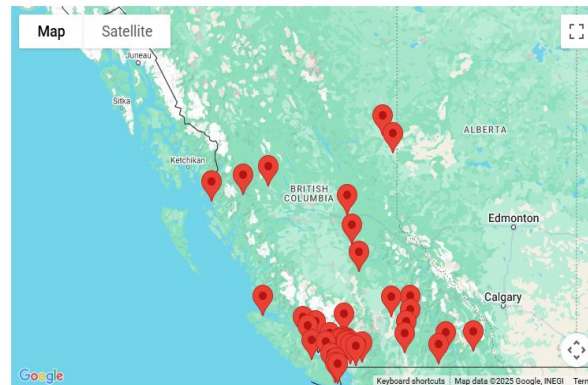
Referrals by primary care provider
OR self-referral. However, all
patients are required to have a
primary care provider.

[Click here for screening
locations](#)

Clinic Locator

If you think you might be eligible for lung screening, please call the Lung Screening Program at 1-877-717-5864 to complete a risk assessment to see if screening is right for you.

Need help getting to your appointment? Use our [travel assistance resource](#).



Search

Enter an address, city or postal code



Filter by:

Any



Eligibility Criteria

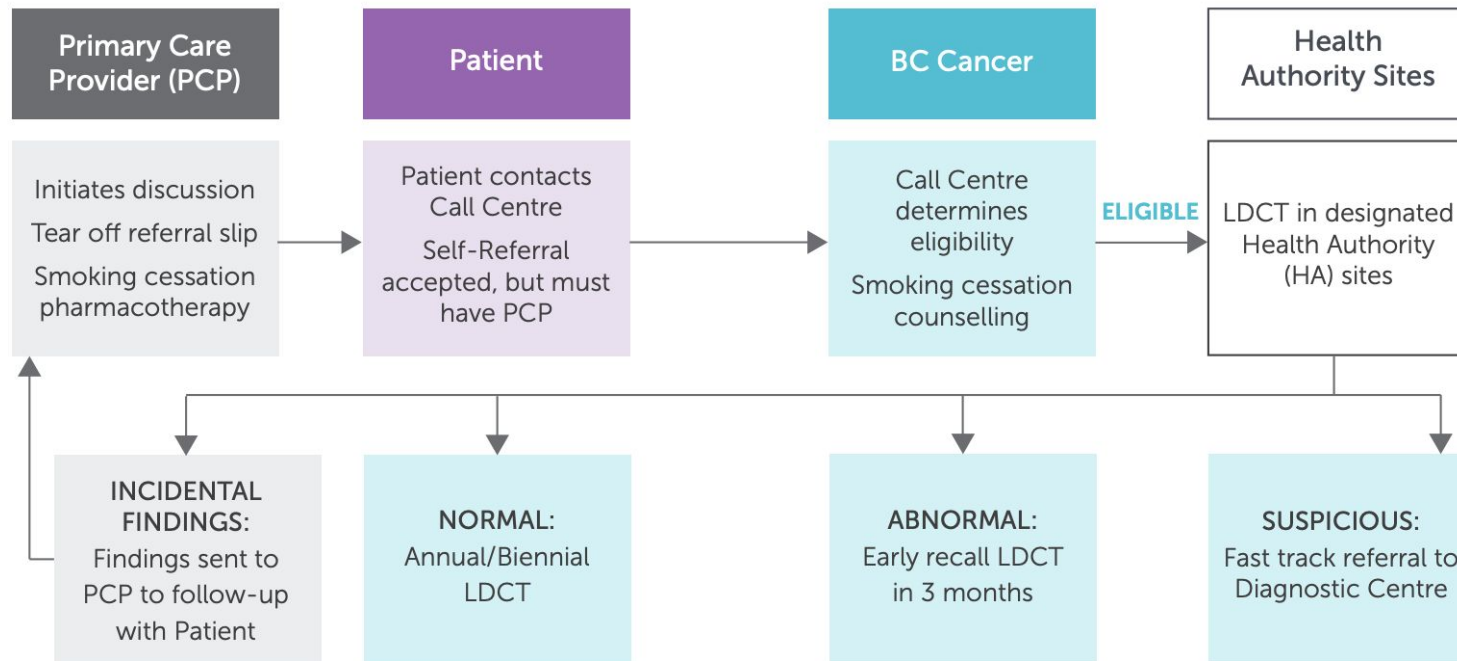
- 55-74 years of age AND
- Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars etc), currently or in the past

[Click here for eligibility criteria](#)

Individuals are not eligible if:

- Have ever been diagnosed with lung cancer
- Is under surveillance for lung nodules
- Is currently undergoing diagnostic assessment, treatment or surveillance for major co-morbidities such as severe chronic obstructive pulmonary disease (including at home oxygen or who cannot climb two sets of stairs), congestive heart failure, renal failure on dialysis, other cancers on active treatment or follow-up
- Is unable to lie flat and hold their arms above their head for a CT scan OR
- Is experiencing symptoms possibly indicative of lung cancer, including coughing, that does not go away or gets worse, coughing blood or rust-coloured sputum, or unexplained weight loss of more than 10% in the past year.

Lung Cancer Screening Pathway in BC



[Click here for provincial pathway](#)

Integrated Smoking Cessation Supports

The BC Smoking Cessation Program helps eligible BC residents to quit smoking, or use other tobacco products by covering the cost of:

- Nicotine replacement therapy
- Smoking cessation prescription drugs


[Click here for BC Smoking Cessation Program](#)

quitnow.ca



Referrals by primary care provider OR self-referral. However, all patients are required to have a primary care provider.

[Click here for self-assessment tool](#)



SCREENING FOR LIFE.CA

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Screening For Life > Lung Cancer Self-Referral

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Are you eligible for lung cancer screening?

1 Eligibility

2 Age

3 Medical Care

4 Tobacco Use

5 BMI

6 Race/Ethnicity

7 Education

8 Personal/Family Health History

9 Results

Eligibility

Lung cancer screening is being offered as part of a new cancer screening initiative. For people at high risk of lung cancer, getting screened with a low-dose CT scan is the best way to find lung cancer early when treatment has a better chance of working. High risk generally means people who smoked many cigarettes daily for many years, but other factors can also have an impact on your individual risk of lung cancer. Low-dose CT screening tests can have small risks from low-dose radiation. We only recommend that people who are at high risk get screened.

The following questions are used to estimate your own personal risk of lung cancer. Please answer these completely and as accurately as possible.

[Read More About Eligibility](#)

[Begin Self-Assessment](#)

The following questions will be used to help assess whether you would be a candidate for this program. It will also be used to evaluate the services we provide and for other authorized purposes under the Health Information Act (HIA)(A)H. If you are a candidate, you will be asked to provide additional information (including your Alberta health care number) to register you for this program. A healthcare provider will follow up with you to obtain additional information to refer you to the Lung Cancer Screening

Eligibility Criteria

Lung cancer screening is for Albertans who are at a high risk for lung cancer. You may be eligible for lung cancer screening if you:

- Are 50 to 74 years of age, AND
- Are someone who smokes cigarettes or quit smoking after smoking for many years. For example, you smoked 1 pack per day for at least 15 years, or less than 1 pack per day but for more than 15 years. AND
- Have a primary care provider such as a family doctor or nurse practitioner

Screening is not an appropriate test to investigate symptoms you may be having. If you have any of the following symptoms, please consult with your family doctor, call 8-1-1, or visit the emergency department.

- A cough that does not go away or gets worse
- Chest pain that does not go away
- Coughing up blood
- Feeling short of breath or wheezy

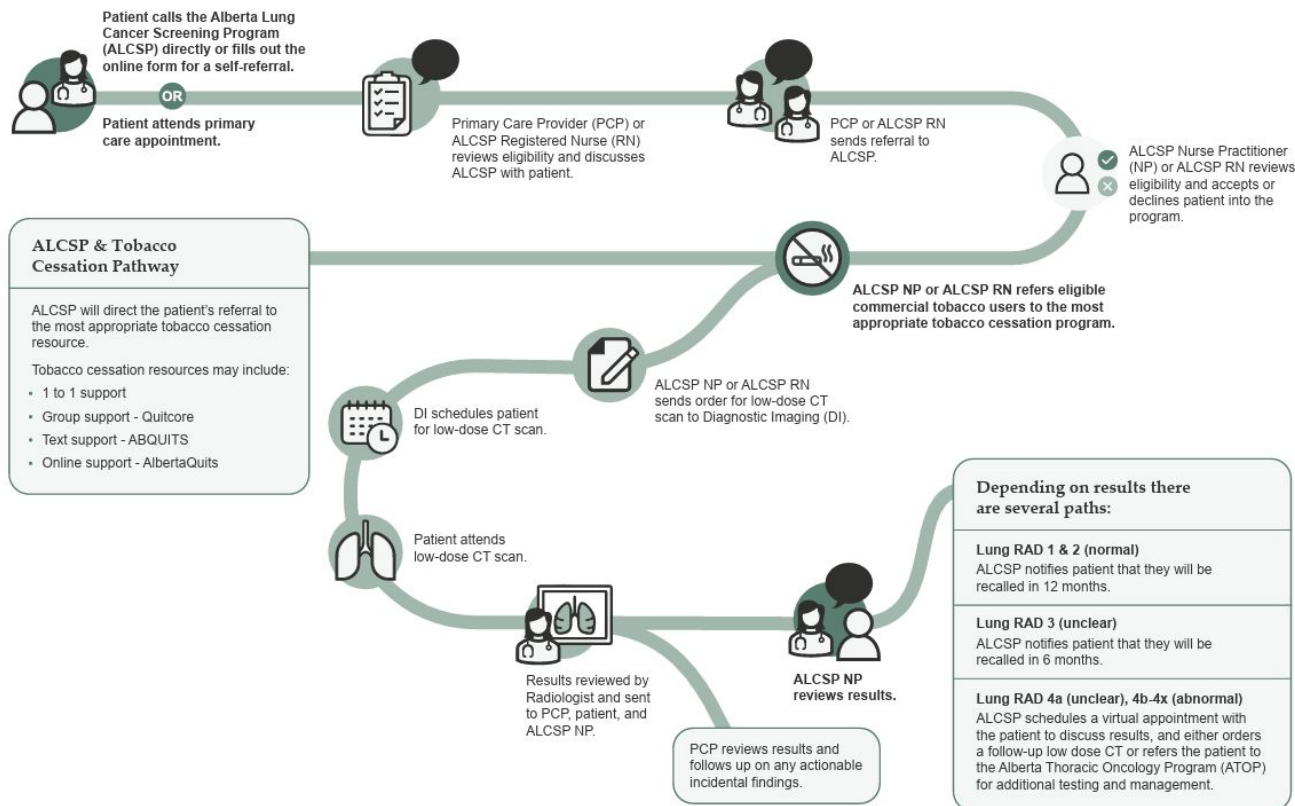
If you have been told by your doctor that you have or had any of the following, please discuss the appropriateness of lung cancer screening with your family doctor or call the ALCSP at 1-866-727-3926:

- Prior invasive cancer diagnosis active or present in the past 5 years
- Severe heart or lung disease requiring home oxygen
- Chest symptoms or had a chest CT scan in the past 12 months

[Click here for eligibility criteria](#)

Patient Pathway

Last Updated: June 2024

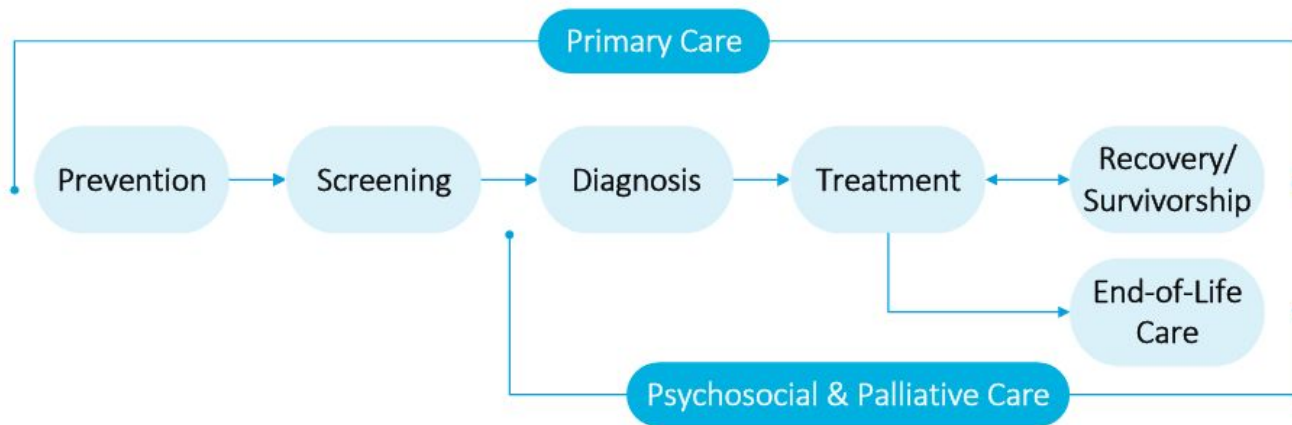


[Click here for provincial pathway](#)

Lung Cancer Screening Pathway Map

Version 2025.03

All referrals are from health care providers.



[Click here for more information](#)

Disclaimer: The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map.

In the situation where the reader is not a health care provider, the reader should always consult a health care provider if they have any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



Ontario Health
Cancer Care Ontario

Eligibility Criteria

Ages 55 to 80

- have a smoking history of any amount of cigarettes daily for 20 years
- have Ontario Health Insurance Plan (OHIP) coverage

[Click here for eligibility criteria](#)

Ages 81 or older, they must:

- have a smoking history of any amount of cigarettes daily for 20 years
- have Ontario Health Insurance Plan (OHIP) coverage
- have discussed risk and benefits of lung screening with you
- be well enough to undergo and recover from lung cancer treatment
- have a lifespan (over 5 years) to benefit from treatment

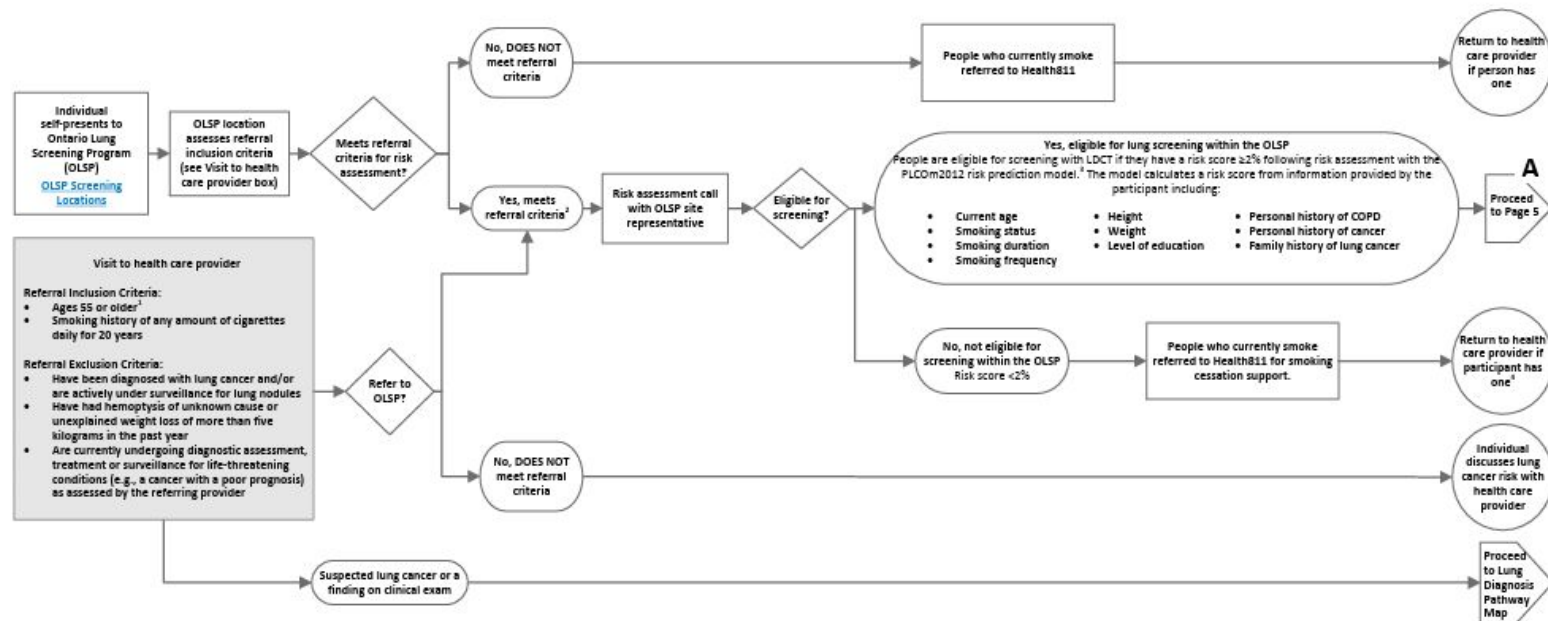
Lung Cancer Screening Pathway Map

Referral and Risk Assessment

Version 2025.03 Page

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



¹ Patient exited at age 80 but can be re-referred on an annual basis if eligible for lung screening.

² If referral is appropriate, physicians or nurse practitioners must complete the [Ontario Lung Screening Program Referral Form](#). If the person self-presents, has a primary care provider and is eligible, the OLSP location will contact their primary care provider to request a referral. If unattached, the OLSP location will facilitate attachment to a provider for referral only.

³ The PLCOm2012 Risk Prediction Model is a statistical risk prediction model that gives an estimate of someone's risk (as a percentage) of developing lung cancer in the next 6 years.

Tammemägi MC, Katki HA, Hocking WG, Church TR, Caporaso N, Kvale PA, Chaturvedi AK, Silvestri GA, Riley TL, Commins J, Berg CD. Selection criteria for lung-cancer screening. *N Engl J Med*. 2013 Feb;368:728-736.

Tammemägi MC, Darling GE, Schmidt H, Uovet D, Buchanan DN, Leung Y, Miller B, Rabeneck L. Selection of individuals for lung cancer screening based on risk prediction model performance and economic factors – The Ontario experience. *Lung Cancer*. 2021;156:31-40.

⁴ Health care provider re-refers patient in 3 years to have their risk re-assessed. Patients with a risk score between 1.00 - 1.99 per cent can be re-referred sooner if they experience a risk factor change including started smoking again (if they had quit), diagnosed with chronic obstructive pulmonary disease, or has a new family history of lung cancer.

[Click here for provincial pathway](#)

[Click here for
more information](#)



Lung Screening Pilot

Overview

The NL Lung Screening Pilot offered lung screening to eligible individuals, aged **55-74 years**, at sites in St. John's and Grand Falls-Windsor. The pilot project referral deadline was January 31, 2025.

Smoking cessation

Tobacco cessation supports will continue past the pilot end date of January 31, 2025 for participants who were enrolled prior to this date and are awaiting this service.

Quitting smoking is one of the best things you can do to help lower your risk of lung cancer.

- To learn more about quitting tobacco smoking, including services and support, please visit: <https://hi.easternhealth.ca/healthy-living/smoking-alcohol-cannabis/tobacco/>.
- To learn more about the Smoking Cessation Program for patients of the Cancer Care Program please visit: <https://cancercare.easternhealth.ca/prevention-and-screening/smoking-cessation-program/>.

Additional information

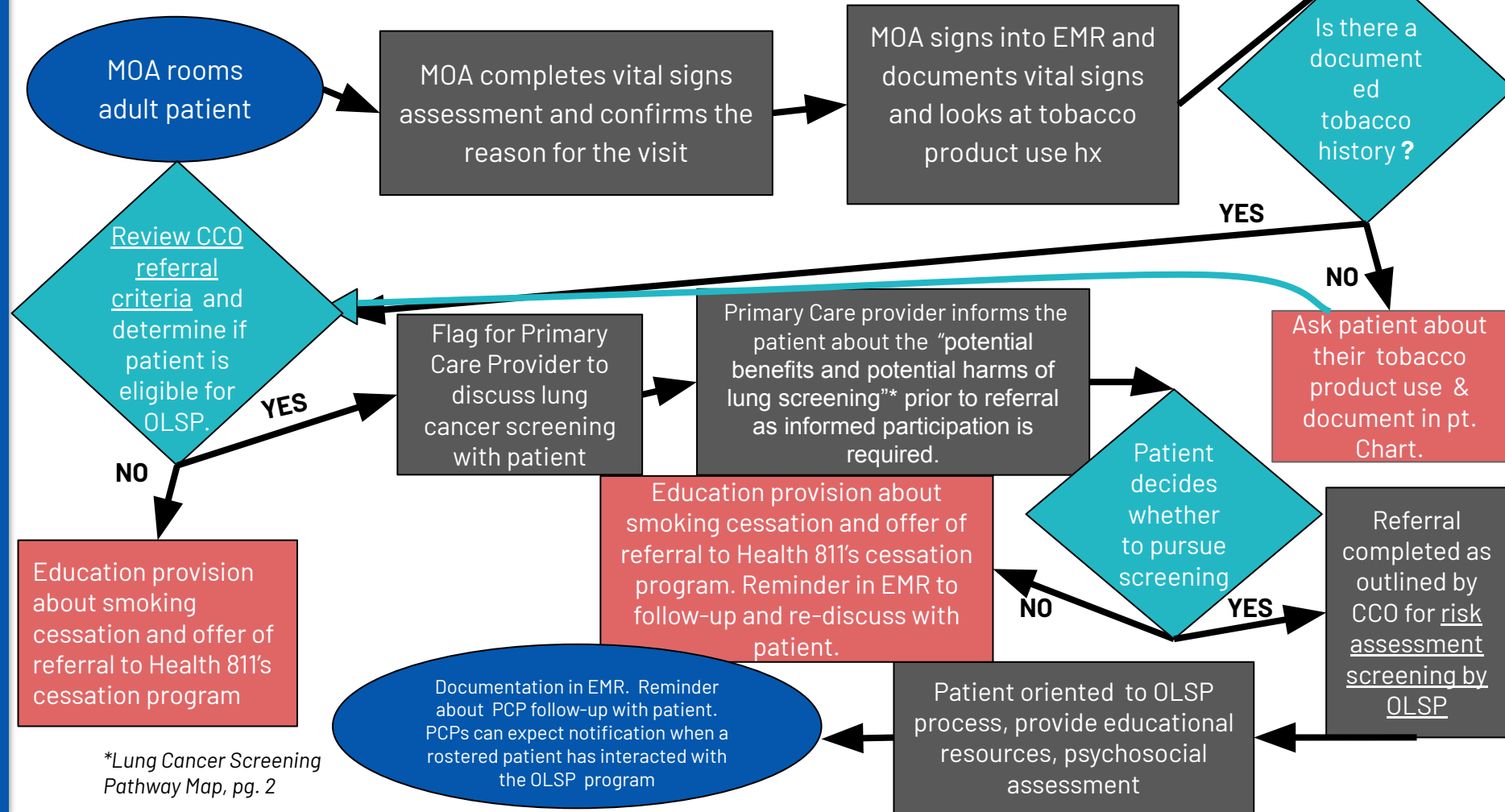
The Canadian Partnership Against Cancer provided funding for this pilot project.

NL Health Services is committed to ensuring that those within the lung screening pilot system continue to receive support.

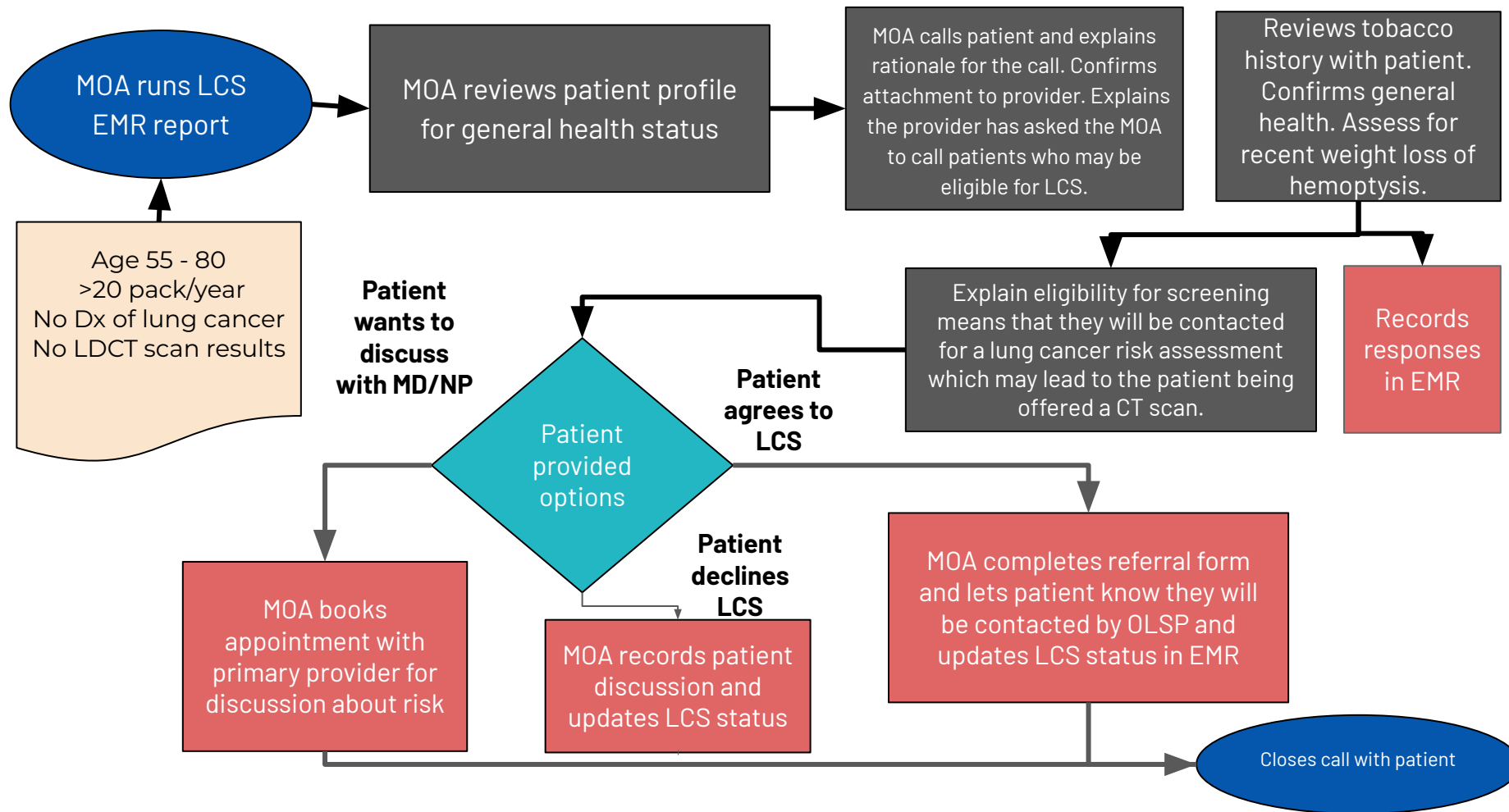
POPULAR LINKS

- [Cancer Patient Navigator](#)
- [Regional Cancer Centres](#)
- [Screening Programs](#)
- [For Your Visit](#)
- [Cancer Care Stories](#)

Opportunistic Lung Cancer Screening Process (ONT) - Example



Outreach Lung Cancer Screening Process (ONT) - Example



Acknowledgements & Evidence

Lam S, Bryant H, Donahoe L, et al. Management of screen-detected nodules: a Canadian partnership against cancer guidance document. Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, 2020;4(4): 236–265. <https://doi.org/10.1080/24745332.2020.1819175>

Canadian data and screening programs:

Wilkinson AN, Lam SL. Lung cancer screening primer: key information for primary care providers. Canadian Family Physician, 2021; 67. DOI: <https://doi.org/10.46747/cfp.6711817>

Lam S, Sam J, Lui J, Yue Z, Mayo J. BC Cancer lung screening program: insights on a risk model–based approach for primary care providers. British Columbia Medical Journal, 2023; 65(3): 84. <https://bcmj.org/articles/bc-cancer-lung-screening-program-insights-risk-model-based-approach-primary-care-providers>

Darling GE, Tammemagi MC, Schmidt H, et al. Organized lung cancer screening pilot: informing a province-wide program in Ontario, Canada. Annals of Thoracic Surgery, 2021;111:1805-11. <https://doi.org/10.1016/j.athoracsur.2020.07.051>

Key trials

Reduced lung-cancer mortality with low-dose computed tomographic screening. NEJM, 2011;365:395-409. <https://www.nejm.org/doi/full/10.1056/NEJMoa1102873>

Cancer incidence and mortality with extended follow-up in the National Lung Screening Trial. Journal of Thoracic Oncology, 2019; 14(10): 1732-1742. <https://doi.org/10.1016/j.jtho.2019.05.044>

Reduced lung-cancer mortality with volume ct screening in a randomized trial. NEJM, 2020;382 <https://www.nejm.org/doi/full/10.1056/NEJMoa1911793>