

LCSR Data Elements from Ordering Physician Records

Shared decision making visit and Order form

Data Element	Data Element Description	Shared Decision Making Visit	Written Order
Patient's date of birth		x	x
Smoking status	<p>1 Current smoker An adult who has smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes. Includes daily smokers and non-daily smokers (also known as occasional smokers).</p> <p>2 Former smoker A person who was not smoking at the time of the interview but has smoked at least 100 cigarettes in their life.</p> <p>3 Never smoker A person who was not smoking at the time of the interview and has smoked less than 100 cigarettes in their life.</p> <p>4 Smoker, Current Status Unknown Indicates a person who is known to have smoked but whose current smoking status is unknown.</p> <p>9 Unknown If Ever Smoked Indicates that a person's smoking status is unknown.</p>	x	x
Number of packs-year of smoking	<p>Pack-years as reported by the ordering practitioner on the order form</p> <p>Pack-years defined as number of packs per day x total years smoked.</p>	x	x
Number of years since quit		x	x
Is there documentation of shared decision making?		x	x - not required on NCD but recommended by ACR
Other comorbidities listed on patient record that limit life expectancy		Part of shared decision making and monitored by ordering physician. Not required on order but radiology group may be able to capture from EHTR if ordering physician documented there.	
Other comorbidities, other specify		x	
Ordering practitioner NPI			x
Signs or symptoms of lung cancer		x	x

Sample order form with LCSR elements highlighted (Special thanks to Dr. McKee from the Lahey Clinic for sharing)



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Phone: 781-744-5658
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CT Lung Screening Order Form

Patient Name: _____	MRN: _____	DOB: ____/____/____
Packs/day (20 cigarettes/pack): _____	x Years smoked: _____	= Pack years*: _____ <small>*Pack year calculator: http://smokingpackyears.com/</small>
Currently smoking? Y N	If not smoking, how many years quit? _____	

Ordering MD (print name): _____ Phone: _____

National Provider Identifier (NPI): _____ Fax: _____

- CT Lung Screening Exam (initial, repeat or follow-up)
- Other _____

Please instruct patient to call 1-855-CT-CHEST to confirm eligibility when ordering the initial CT Lung Screening exam.

Comments:

By signing this order, you are certifying that:

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss).

Ordering MD Signature: _____ Date: ____/____/____

Sample EMR order (Special thanks to Dr. Kazerooni from the University of Michigan for sharing)

Big, Bird IV
 Primary Cvg: DAVIS VISION OPTI...

MRN: 000000012 PCP: Fan, Audrey L DOB: 01/01/1952 Pref.Lang: English Height: 2.184 m (7' 2") Sticky: **TEST** Portal: Code Exp
 CSN: 162722679 REF: Phys, Self-Ref... Age/Sex: 63 y.o. / M Need Interp: Yes Weight: 86.637 kg (191 lb) Allergies: Amoxicillin, L... Adv Dir: YES Research: Active

Place orders (Enc Date: 10/1/2015) - Wt: (Not entered for this visit) Ht: 2.184 m (7' 2")

CodeSearch Pref List Interactions Pharmacy Providers Routing CC Results Open Orders Pend Orders Sign Orders Sign & Verify Financial References Settings Benefits

New order:
 New order defaults: Not using defaults

CT Chest Lung Cancer Screening

Expires-2/11/2016, Routine, Ancillary Performed

Status: Expected: Approx. Expires: 2/11/2016

Priority:

Class:

Questions:	Answer
1. Reason for Exam:	<input type="text" value="Lung Cancer Screening"/>
2. The patient is age 55-80	<input type="button" value="Yes"/> <input type="button" value="No"/>
3. The patient has a smoking history of 30 pack-years or more:	<input type="button" value="Yes"/> <input type="button" value="No"/>
4. The patient has NOT had a chest CT scan with the past year:	<input type="button" value="Yes"/> <input type="button" value="No"/>
5. The patient was offered tobacco cessation counseling:	<input type="button" value="Yes"/> <input type="button" value="No"/>
6. The patient has no clinical signs/symptoms of lung cancer:	<input type="button" value="Yes"/> <input type="button" value="No"/>
7. The patient was engaged in shared decision-making for this test:	<input type="button" value="Yes"/> <input type="button" value="No"/>
8. Special instructions:	<input type="text"/>

Sched Inst: [Click to add text](#)

Process Inst:

This exam should NOT be used for patients with symptoms such as cough, hemoptysis or shortness of breath; when symptoms are present please order a CT Chest. Do not order for patients with comorbidities that limit life expectancy to less than 5 years.

Last Resulted:

Lab Test Results						
Component	Time Elapsed	Value	Range	Status	Comments	
POC Pregnancy Screen Urine	488 days (10/10/13 1514)	Positive	+/-	Final result		

Comments (F6):

Low dose CT Lung Screen is only for patients at high risk of developing lung cancer.-> It should be ordered only if the answers to questions 2-7 are "YES".->

Sample EMR order (Special thanks to Dr. Sachs from the University of Colorado for sharing)

als/Pain Previous Screenings Screenings Hearing/Vision Patient Education Health Maintenance Immunizations Time Out

Prompt	Answer
1. Signs, Symptoms and/or Diagnosis: (e.g. cough):	Lung Cancer Screening
2. Clinical Question: (e.g. eval for pneumonia)	Lung Cancer Screening
3. By signing this order, I am certifying that: 1) The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed.	Yes No
4. By signing this order, I am certifying that: 2) The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, and has been offered Medicare-covered tobacco cessation counseling services, if applicable.	Yes No
5. By signing this order, I am certifying that: 3) The patient has no symptoms suggestive of lung cancer.	Yes No
6. Responsible provider pager number:	
7. Age?	67
8. Current Smoker?	Yes No
9. If No, # Years since quitting:	
10. # Years Smoked Cigarettes:	20
11. # Packs per day, on average:	2

ist: Annual screening for lung cancer with low-dose CT is recommended in adults 55 to 77 years with at least 30 pack-year history and current smoker or quit within past 15 years. Screening should be stopped once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or ability or willingness to have curative lung surgery. This test should not be used in patients with symptoms of lung cancer.

Click the link below (Benefits and Risks) to see the relative benefits and risks of lung cancer screening.