INTERMOUNTAIN MEDICAL IMAGING

The Shared Decision Making Visit is only necessary for the initial screening exam.

Shared Decision Making Visit Elements – **MUST BE DOCUMENTED in the Clinical office visit notes and dictation must be within the last 3 months and include ALL required elements.**

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years.
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow up diagnostic testing, over diagnosis, false positive rate, and total radiation exposure.
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of co-morbidities, and ability of willingness to undergo diagnosis and treatment.
- Counseling on importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and if appropriate, furnishing of information about tobacco cessation interventions.
- Current smoking history

Examples of dictated Shared Decision Making Visit (SDMV) (must be patient specific):

Current Smoker:

"I believe the patient is an appropriate candidate for a lung screen as they are "X" years old and have a history of "X" smoking pack years. The patient is a current smoker and is not symptomatic for lung cancer. We discussed the advantages and disadvantages of lung cancer screening including: the reduction in mortality, the potential need for follow up testing, the potential for over diagnosis, false positive rates, and the potential problems related to radiation exposure. We discussed the importance of adherence to annual lung cancer LDCT screenings, the impact of co-morbidities, and the importance of both the ability and willingness to undergo diagnosis and treatment following a positive screen. The importance of smoking cessation was discussed including available resources to assist with quitting smoking. Annual screening is recommended, until age 77, unless contraindications are present.

Former Smoker:

"I believe the patient is an appropriate candidate for a lung screen as they are "X" years old and have a history of "X" smoking pack years. The patient is a former smoker and quit smoking "X" years ago and is not symptomatic for lung cancer. We discussed the advantages and disadvantages of lung cancer screening including: the reduction in mortality, the potential need for follow up testing, the potential for over diagnosis, false positive rates, and the potential problems related to radiation exposure. We discussed the importance of adherence to annual lung cancer LDCT screenings, the impact of co-morbidities, and the importance of both the ability and willingness to undergo diagnosis and treatment following a positive screen. The importance of maintaining abstinence from smoking was discussed and the need to have annual screening is recommended, until age 77, unless contraindications are present.