#### **WEBINAR**

## What is Campaign-Based Risk Assessment & How Does it Drive Cancer Screening Compliance? Lessons from Nebraska Medicine





#### About Nebraska Medicine





Setting: private, not-for-profit system

**Geographic Setting:** Omaha, Nebraska

Accreditations: NCCN, NCI, COC, QOPI,

**FACT** 





A Cancer Center Designated by the National Cancer Institute





A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS







#### Our Partnership







Rachael Schmidt, APRN
Program Director
Cancer Survivorship & Cancer Risk and Prevention
Assistant Director
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Kat Kostolansky, MPH, CHA Director Health System Solutions



#### My Cancer Risk and Prevention Team



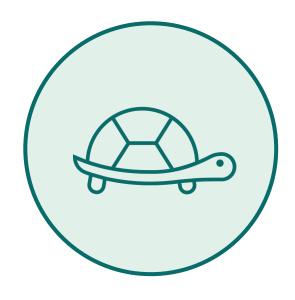




## Nebraska Medicine's Challenges







## RESISTANCE TO CHANGE

Long-standing routines and fear of the unknown can make healthcare professionals reluctant to adopt new practices or technologies. "Why fix something that isn't broken?"



## LACK OF RESOURCES/BANDWIDTH

Identifying, activating and managing high-risk patients, especially amid constantly changing cancer risk guidelines, represented a significant burden for our busy clinical teams.



## EHR LIMITATIONS LEADING TO LOW REFERRALS

The new lung program wasn't reaching its potential because the health system did not have an efficient way to identify and engage atrisk patients.









Lung cancer is the **leading cancer killer** in Nebraska, but the screening rate is only 3.7%.

## Nebraska Medicine's Community Needs







**630 lung cancer deaths** were estimated in 2023 in Nebraska



**EVERY** 2.2 minutes

Someone is diagnosed with lung cancer in Nebraska



1,340 cases

estimated number of new lung cancer cases diagnosed in Nebraska in 2023



20% reduction

in the death rate is possible by detecting tumors at earlier stages when curable

**SOURCE:** 



# And lung cancer is just one piece of the puzzle our IT team needed to get to





