



NATIONAL
LUNG CANCER
ROUNDTABLE

LUNG CANCER SCREENING / NODULE MANAGEMENT

An Approach to Financial Modeling and Forecasting



BUILD

A New Lung Cancer Screening and Nodule Management Program

EXPAND

An Existing Lung Cancer Screening and Nodule Management Program

*Make financial forecasts with **LungPLAN™**
Projecting Lung Assessment Needs*

LUNG CANCER SCREENING / NODULE MANAGEMENT

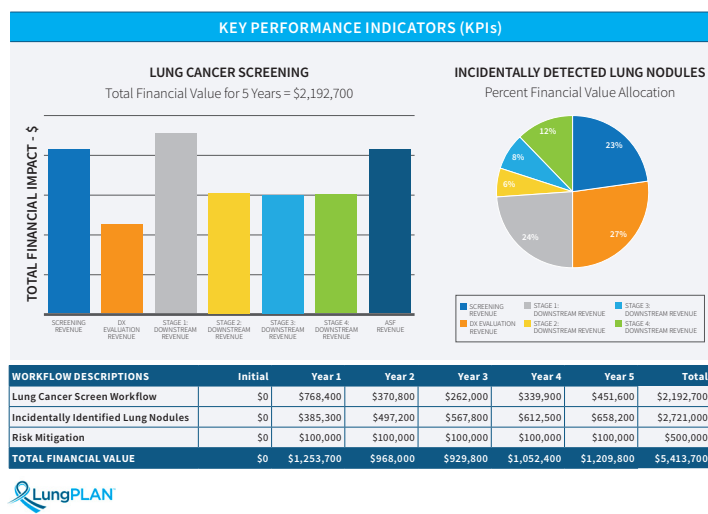
An Approach to Financial Modeling and Forecasting

A NEW, FREE, EASY-TO-USE TOOL FOR FINANCIAL FORECASTING

Healthcare professionals, financial experts, and administrators can generate predictive reports customized for their lung cancer early detection program within a short time after downloading the interactive spreadsheet and entering data.

Key initial questions gather data about the facility type, patient volume and growth rates, population smoking risk rates, the impact of patient navigators, and infrastructure costs to support the modeled early detection program.

EXAMPLE: REGIONAL HEALTH CENTER OUTPUTS



USER BENEFITS

- CREATED BY EXPERTS** The model was created by a team of NLCRT medical, navigation, health systems, and financial experts. It has been field-tested by health systems and provides a framework for predicting lung cancer screening and nodule management program costs, resources, staffing, and patient volume.
- EVIDENCE-BASED** The model is based on current evidence including data from the American College of Radiology [Lung CT Screening Reporting & Data System](#) (Lung-RADS) and the [Lung Cancer Screening Registry](#).
- FREE** You can download and use this expert spreadsheet for free at the [National Lung Cancer Roundtable website](#). There are no licensing costs.
- EASY TO USE** You can easily generate a customized financial report after downloading and entering data into the spreadsheet. A slideshow template will enable you to create and present a detailed business case.
- FLEXIBLE** You can make predictive financial models for building new lung cancer early detection programs or expanding existing programs.
- ROBUST** The expert model is robust enough to characterize lung cancer early detection programs for all types of health systems. You can explore scenarios aligned with your health system's goals and finances with ease.
- CUSTOMIZABLE** [Based on their facility type](#), health systems can model a nodule management program and a lung cancer screening program, independently or both together.

LUNG CANCER SCREENING / NODULE MANAGEMENT

An Approach to Financial Modeling and Forecasting

MODELING APPLIED TO DIFFERENT TYPES OF FACILITIES

Based on the facility type, the financial value modeled will vary depending on the services available for patient treatment, including ongoing screening, diagnostic testing, and surgery.

FACILITY TYPE

- Network
- Academic Medical Center
- Stand-alone Facility
- FQHC Organization
- Veterans Administration

FINANCIAL VALUE CONSIDERATION

- Lung Cancer Screening Reimbursement
- Diagnostic Testing & Evaluation Reimbursement
- Cancer Surgery Reimbursement
 - By Year & by Stage 1 - 4

FACILITY FINANCIAL VALUE

Based on the Facility Type selection, the financial value will only be calculated for the services offered by that facility. For example, the defaults for a Stand-alone Facility will capture Lung Cancer Screening reimbursement but no downstream surgery opportunity, these types of surgery options are not offered at a Stand-alone facility. Consequently, a Network will potentially provide all patient treatment options, including screening and diagnostic testing reimbursement and comprehensive surgical services. Facility type defaults can be overridden and customized for any facility type.

Facility Type	Screening Reimbursement	Dx Testing Reimbursement	Surgical Services	Comments	✓ : Facility Default
Network	✓	✓	✓	All financial value included	
Academic Medical Center	✓	✓	✓	All financial value considered; impact can be customized as needed	
Stand-alone	✓			Only screening reimbursement	
FQHC	✓			Only screening reimbursement	
Veterans Administration				No financial value calculated, only volumes represented	
Other (customized)	✓	✓	✓	Customization, includes all financial value	

FACILITY MODELING

Based on the Facility Type selection, the financial value will be calculated over a 5-year time period. Within the model, there are metrics, information buttons, and additional information to help fine-tune the financial value by facility. For example, the Baseline Metrics tab has many operational and financial metrics to create a more detailed organization assessment.

These facility selections provide a comprehensive financial value assessment and working with Finance and other key personnel, different metrics can be adjusted to create your financial detail.

LUNG CANCER SCREENING / NODULE MANAGEMENT

An Approach to Financial Modeling and Forecasting

TYPES OF INPUTS

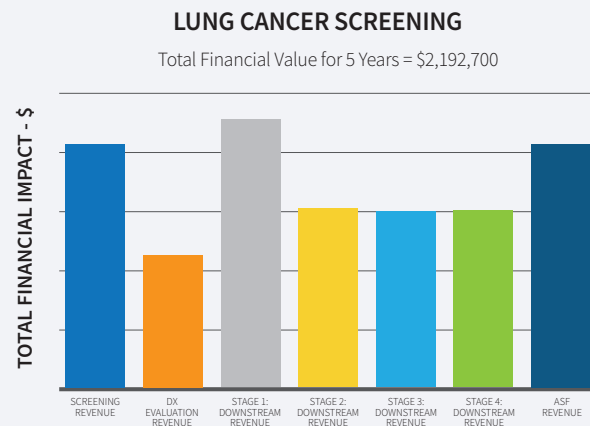
An extensive set of input options and data fields makes it easy for you to customize the model to the specific goals and patient populations of your health system.

- Enable/disable nodule management
- Facility type (FQHC, Network, etc.)
- Patient volume
- Patient volume growth rate
- Cancer incidence rate
- Impact of patient navigators
- Infrastructure costs of supporting the program (equipment, software, staff, facilities)
- Projected payer mix and service reimbursement

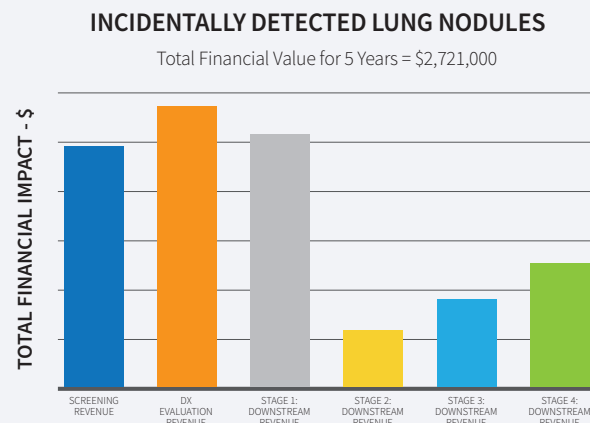
TYPES OF OUTPUTS

The spreadsheet calculates predictive charts and tables that illustrate the performance of a lung cancer early detection program for a full five-year period.

This output chart shows that the example healthcare network would earn significant downstream revenue from a lung cancer screening program, with most of the revenue coming from the downstream treatment of lung cancers in Stages 1-4 and actionable significant findings.



This output chart shows that the example healthcare network would earn significant revenue from incidentally-detected lung nodules, with most of the revenue coming from the screening, evaluation, and downstream treatment of stage 1 patients.



LUNG CANCER SCREENING / NODULE MANAGEMENT

An Approach to Financial Modeling and Forecasting

RESOURCES FOR A QUICK AND EASY START

These quick-start resources make it easy for you to start exploring financial scenarios to build or expand your lung cancer early detection program.



LUNGPLAN WEBSITE RESOURCES

The NLCRT website provides you with helpful LungPLAN resources.



LUNGPLAN USER GUIDE

The LungPLAN User Manual provides you with comprehensive information about the LungPLAN modeling capabilities.



VIDEO TRAINING

The LungPLAN Video Training Series shows you how to model the startup and expansion of a lung cancer screening and nodule management program.



PRESENTATION TEMPLATE

The LungPLAN Presentation Template enables you to quickly and easily create a business case to present to your team.

The **American Cancer Society National Lung Cancer Roundtable (NLCRT)** is a consortium of over 170 member organizations working together to create lung cancer survivors and improve the quality of life for those at risk for lung cancer and lung cancer patients and their families. We engage volunteer experts in multidisciplinary collaborations that drive the national conversation, catalyze action to create, build, and strengthen innovative solutions, and develop and disseminate evidence-based interventions and best practices. Our collective power and expertise propel us to take on challenges that reduce the impact of lung cancer through risk reduction, tobacco prevention and control, early detection, improved lung cancer imaging, assurance of optimal diagnosis to position patients for appropriate therapy and care, eliminating lung cancer-related stigma, and strengthening state-based initiatives. By working together and avoiding duplication, we will drive progress faster than working alone to overcome lung cancer challenges, accelerate change, and address the determinants of cancer-related health disparities to advance health equity across the lung cancer continuum. This is the unique role of the NLCRT.



The NLCRT is thankful for the financial support from its partners and the American Cancer Society that propel this work forward. We especially wish to thank The FiscalHealth Group and the NLCRT Lung Cancer Screening Implementation Strategies Task Group for their expertise and the many hours of review and deliberation that went into developing LungPLAN™.