


Supplemental Table 1. 18-county rural region encompassed by LSPAN program.

County	Age 55-74	Smoking Status Yes	Medicare Enrolled	Low Income Un-/Underinsured	MUA	HPSA
Bosque	7,170	1,060	588	127	Yes	Yes
Brown	12,346	1,996	1,103	187	Yes	Yes
Comanche	4,619	758	415	111	Yes	Yes
Denton	140,792	19,710	75,781	2,675	Yes	Yes
Eastland	6,279	1,044	569	109	Yes	Yes
Erath	9,190	1,612	853	202	Yes	No
Hamilton	3,003	435	213	78	Yes	No
Hood	22,463	3,096	1,770	277	No	No
Jack	2,644	434	201	67	Yes	Yes
Johnson	43,091	6,576	3,126	712	Partial	No
Mills	1,678	238	140	31	Yes	Yes
Palo Pinto	9,739	1,645	786	274	Partial	Yes
Parker	39,334	5,717	2,518	656	No	No
Somervell	2,935	431	199	62	No	No
Stephens	3,010	502	244	85	Yes	Yes
Tarrant	409,090	58,515	24,789	6,682	Partial	Partial
Wise	16,199	2,430	9,944	81	No	Yes
Young	5,876	904	462	106	Yes	Yes
Total	739,458	107,103	123,701	12,522		

HPSA, health professional shortage area; MUA, medically underserved area

Supplemental Materials. LSPAN lung cancer screening referral form

 <p>MONCRIEF CANCER INSTITUTE UTSouthwestern</p>	REFERRAL ORDER FOR LUNG CANCER SCREENING	DATE _____
PATIENT DEMOGRAPHICS		
FIRST NAME _____	MI _____	LAST NAME _____ DOB _____
PREFERRED LANGUAGE _____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HT _____ WT _____
ADDRESS _____		
CITY _____	STATE TX _____	ZIP CODE _____ COUNTY _____
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____
SMOKING HISTORY		
Current Smoker <input type="checkbox"/> YES <input type="checkbox"/> NO*	*If former smoker, number of years since quitting _____	
Number of Packs per Day _____	X	Number of Years Smoked _____ = _____ Pack-Years (1 pack = 20 cigarettes)
Does the patient show any clinical signs or symptoms of lung cancer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the patient had a CT chest scan performed within the past year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the patient 55 to 74 years old?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the patient have Medicare coverage or third-party insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SHARED-DECISION MAKING By signing this order, you are certifying:		
<input type="checkbox"/> The patient has participated in a shared decision-making visit which discussed benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure.		
<input type="checkbox"/> The patient was informed of the importance of adherence to annual lung cancer LDCT screening, impact of co-morbidities, and ability or willingness to undergo diagnosis and treatment.		
<input type="checkbox"/> The patient was informed of the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker, and was provided information about tobacco cessation interventions, as appropriate.		
REFER TO MONCRIEF CANCER INSTITUTE FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN (LDCT)		
<ul style="list-style-type: none">• G0297 – Low dose CT scan (LDCT) for lung cancer screening (Initial)• ICD-10 Z87.891 (personal history of tobacco use/personal history of nicotine dependence), ICD-9 diagnosis code V15.82		
REFERRING PROVIDER _____	NPI _____	
CLINIC ADDRESS _____		
Fax order to 817-288-0097, or email to lungscreening@moncrief.com		
Rev. 5.8.18		