

# MEDICAL STAFF BRIEFS

A Publication from the Chief of Staff and Chief Medical Officer

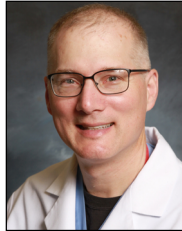


November 26, 2021

## Your 2022-2023 Medical Staff Officers and Leadership



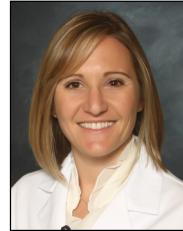
**Peter Smethurst, MD**  
Chief of Staff



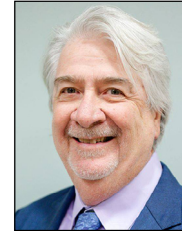
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Vice Chief of Staff



**Brian Boyd, MD**  
Immediate Past Chief of Staff



**Melissa Rudolph, MD**  
Secretary/  
Treasurer



**Michael Arquilla, MD**  
Member-at-Large



**James Roun, MD**  
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## All U.S. News Physician Surveys Now Online via DOXIMITY.COM

U.S. News is retiring its mail survey and will only use an online survey for 2022. Physicians will be invited by email when the survey is accessible if they have registered for the Doximity medical network.

In announcing the change, U.S. News stated, "We value the opinions of medical experts and believe their views reflect an important dimension of hospital quality that cannot currently be captured in any objective measure...We will use data not only about each doctor's current hospital affiliations, but also where they worked in the past, to construct a detailed profile of each hospital's population of nominators.

Under the new scoring methodology, hospitals that are highly regarded among unaffiliated physicians will outperform hospitals with support coming primarily from their own physicians."

In 2021, U.S. News named SJO as "High Performing" in 14 specialties, thanks in part to our physicians using the Doximity Professional Social Network. Joining Doximity begins with claiming a profile. (Doximity maintains a profile for all licensed US healthcare professionals based upon information in the NPI database.) To claim your profile and sign up, please visit [Doximity.com](https://www.doximity.com).

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1100 W. Stewart Dr.  
Orange, CA 92868  
www.sjo.org

**SUBMISSIONS SOUGHT:** Please send news items to: 714-771-8056 or [SJOMEDICALSTAFF@stjoe.org](mailto:SJOMEDICALSTAFF@stjoe.org)



## NOVEMBER IS LUNG CANCER AWARENESS MONTH Catch the Leading Cancer Killer while It's Curable

- An estimated 235,000+ Americans will be diagnosed with lung cancer this year. Approximately 14.2 million Americans are considered high risk for lung cancer and are recommended to be screened.
- 69% of adults have not spoken with their doctor about their lung cancer risk, yet 44% are concerned they might get the disease. In a 2021 Lung Health Barometer survey of 4,000 individuals conducted by the American Lung Association, only 36% of respondents knew that lung cancer screening is available for early detection.
- In March of 2021, the U.S. Preventative Services Task Force updated the lung cancer screening eligibility guidelines, lowering the age for eligibility to 50 (from 55) and the pack years smoked to 20 (from 30). These new guidelines are estimated to double the number of women and Black Americans eligible for screening.
- Low-dose CT Lung Screening can detect cancers before they are symptomatic or visible on chest X-rays. For high-risk individuals, LDCT should be an annual commitment, with detection often occurring in subsequent years. Approximately 90% of screening results are negative. Of the 10% positive screenings, the likelihood of finding a cancerous lesion is 2-3%.
- Lung cancer remains the leading cause of cancer deaths among Americans, but earlier detection and new lung cancer treatments have led to a dramatic 33% improvement in the five-year survival rate over the past 10 years.
- More than 80% of cancers found using low-dose CT lung screening (LDCT) have been found in the earliest stages and have the highest probability of cure. Despite this tremendous potential to save lives, only about 5% of those eligible have been screened. California has the second lowest screening statistics in the nation.
- Since 2016, more than 40 new therapies were approved by the FDA to treat lung cancer, giving life and hope to our patients.

## Ordering Lung Cancer Screening

*Screening high-risk patients is the most effective way to reduce lung cancer mortality. Any specialist can order the LDCT screening.*

### LUNG CANCER SCREENING CODING INFORMATION

- **G0296** – Counseling visit to discuss need for lung cancer screening (LDCT) using low-dose CT scan (service is for eligibility determination and shared decision-making).
- **71271** – Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s).

Medicare will deny G0296 and 71271 for claims that do not contain these ICD-10 diagnosis codes:

- **Z87.891** for former smokers (personal history of nicotine dependence).
- **F17.21** for current smokers (nicotine dependence).

Medicare coinsurance and Part B deductible are waived for this preventive service.

For questions about scheduling low-dose CT lung screenings with SJO Lung and Thoracic Oncology Program experts, call Thoracic Navigator Kelly Frontino, RN, BSN, at **714-734-6261** or email [Kelly.Frontino@stjoe.org](mailto:Kelly.Frontino@stjoe.org).