# Care team call script – Lung Cancer HRA

This script is part of Unlock Health's care team script library, created to give care teams a consistent, compassionate framework for follow-up calls. Each script aligns with the corresponding HRA's clinical review and risk pathways, helping teams confidently guide participants toward the right next step.

These scripts are designed to be used **alongside your Engagement Queue CTA strategy**. For a full overview of how engagement queue CTAs work — including setup, SLAs, and best practices — see the *Call Engagement Queue CTA Playbook*.

## Purpose

The Lung Cancer HRA uses USPSTF guidelines (2021) to determine eligibility for annual low-dose CT screening.

Results help care teams recommend:

- Annual screening for eligible current or former smokers (age 50–80, 20+ pack-years, quit <15 years ago)
- Primary care discussions for borderline or uncertain eligibility
- Smoking cessation referrals for current smokers not yet eligible
- Education and risk awareness for never-smokers or older adults outside the age range

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## Pre-call checklist

Before calling, care teams can open the participant's risk report from the **Actions** column of the engagement queue dashboard.

Within the report, review:

- Primary result (for example: screening may be recommended, discuss screening with a doctor, discuss screening at age 50, screening not currently recommended, not recommended due to age, former smoker – screening not recommended, never smoked – screening not recommended)
- Smoking status and pack-year history (current vs. former smoker, years since quitting, cigarettes per day, total pack-years)

- Other lung cancer risk factors (for example: COPD, pulmonary fibrosis, chest radiation, occupational exposures, family or personal history of cancer)
- Environmental or workplace exposures (for example: radon, asbestos, dusts, industrial fumes)

*Combine this report review with a quick EMR lookup, if available, to ensure the call is informed, compassionate, and action-oriented.*

**Additional resources**

- *Clinical Review Document – Lung Cancer HRA*
- *Follow-up Strategy Guide – Lung Cancer HRA*
- *Sample Lung Cancer HRA Report*
- *Logging Follow-up Calls with Engagement Queue CTAs*

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# CARE call flow

## C – Connect

- "Hello, this is [Name] from [Health System]. Thank you for completing the Lung Cancer Health Risk Assessment. Who do I have the pleasure of speaking with today?"
- Verify identity using date of birth or another approved identifier.

## A – Assess

- "I'd like to review your results with you. Based on your responses, here's what we found…"
- Highlight smoking history, pack-year calculation, and other lung risk factors. Then ask: "Have you ever had a lung cancer screening test before?"

## R – Recommend (based on result category)

- **Screening may be recommended** (meets USPSTF criteria) → "Your results suggest you may be eligible for annual low-dose CT screening. We recommend discussing this with your doctor. Can I help you schedule that appointment?"
- **Discuss screening with a doctor** (former smokers >15 years since quitting, 20+ pack-years) → "Your smoking history may make you eligible for screening depending on your doctor's guidance. Would you like help setting up an appointment to review your options?"
- **Discuss screening at age 50** (current or former smoker, age 35–49, 20+ pack-years) → "You may become eligible for screening at age 50. The best next step is to establish a

schedule with your primary care provider. In the meantime, let's talk about smoking cessation and ways to protect your lung health. Would you like resources?"

- **Screening not currently recommended** (current smokers under 35 or fewer than 20 pack-years) → "Screening isn't currently recommended, but quitting smoking now is the best way to reduce your risk. Would you like me to connect you with our smoking cessation program?"
- **Not recommended due to age** (>80) → "Routine screening isn't recommended after age 80 because risks may outweigh benefits. Staying in touch with primary care is still important. Would you like help scheduling a check-in?"
- **Former smoker – screening not recommended** (quit before age 35, quit >15 years ago, or fewer than 20 pack-years) → "Based on your smoking history, lung cancer screening isn't recommended. Still, it's important to maintain regular primary care visits to monitor your health. Would you like resources on lung health?"
- **Never smoked – screening not recommended** → "Your results show you've never smoked, which means lung cancer screening isn't recommended. However, environmental or occupational exposures may still matter. Would you like resources on protecting your lung health?"

### E – Enable

- Offer to schedule, transfer, or provide resources.
- "Can I help you set up an appointment or connect you to our smoking cessation program?"

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## Documentation guidance

Log each call attempt in the engagement queue dashboard:

- Date and time of call
- Disposition — scheduled appointment, voicemail, no answer, scheduled, callback later, not eligible, referral sent, etc.
- Notes — symptoms discussed, concerns, next steps

**Why documentation matters**
Consistency in documentation ensures reliable reporting and continuous improvement. It also guarantees that another care team member can seamlessly continue the conversation if needed.

For detailed steps, see: *How to Log a Call in Engagement Queue*

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## Voicemail example

“Hello, this is [Name] from [Health System], calling regarding your Lung Cancer Health Risk Assessment. We’d like to review your results and discuss next steps for your health. Please call us back at [Phone Number].”

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## Need help?

Your Client Success Director can help walk through engagement queue CTAs – from training to overall strategy.

Email: hrasupport@unlockhealthnow.com