Lahey Lung Health Program:

Lee Gazourian, MD
November 3rd, 2022
Problem: example #1

- 77 yo male s/p resection of a stage 1B squamous cell lung CA resected in December of 2018. Followed annually by CT surgery.

- Pre-op PFT's in 2018 demonstrated an FVC of 75% predicted

[Images of CT scans: December 2018 and April 2022]
The Problem: Example #2

- 35 YO female 0.5 PPD since 16 with no significant PMH presented to ED January 2016 for chest pain, CT pulmonary angiogram negative patient discharged as of 1/14/2020 patient was still smoking and no documentation of emphysema in medical records

- Clinical read: Early bullous emphysema
Lahey Lung Health Program

Centers of Excellence

Interstitial lung disease
COPD/BLVR screening
Cardiac risk assessment
Incidental Nodule Clinic

Value

Growth

Research
Lung Health Clinic: ROI

- Emphysema/ILA
  - ↑ Pulmonary Volume
  - ↑ PFT Lab volume
  - ↑ BLVR Volume

- CAC
  - ↑ Cardiology Volume
  - ↑ Cardiac testing/PCI
  - ↑ CABG Volume

- Incidental Nodules
  - ↓ Oncologic Leak
  - ↑ Pulmonary Volume
  - ↑ CT Surgery Volume
Lahey Lung Health Model: 
Supported by Three Lakes Foundation

Primary Care

Navigator

Radiology AI/NLP

Specialists

Patients
Reducing Diagnosis Delay:

Lahey Lung Health Clinic

- Leverages Existing Scans
- Engage PCP for Referral
- Improve Diagnosis/Treatment

Program Alignment

CHEST

- Early Symptom Recognition
- PCP: Engage, Educate, Refer
- Improve Diagnosis/Treatment

Dual approach: Identify early disease through existing CTs and decrease PCPs time to referral to pulmonology