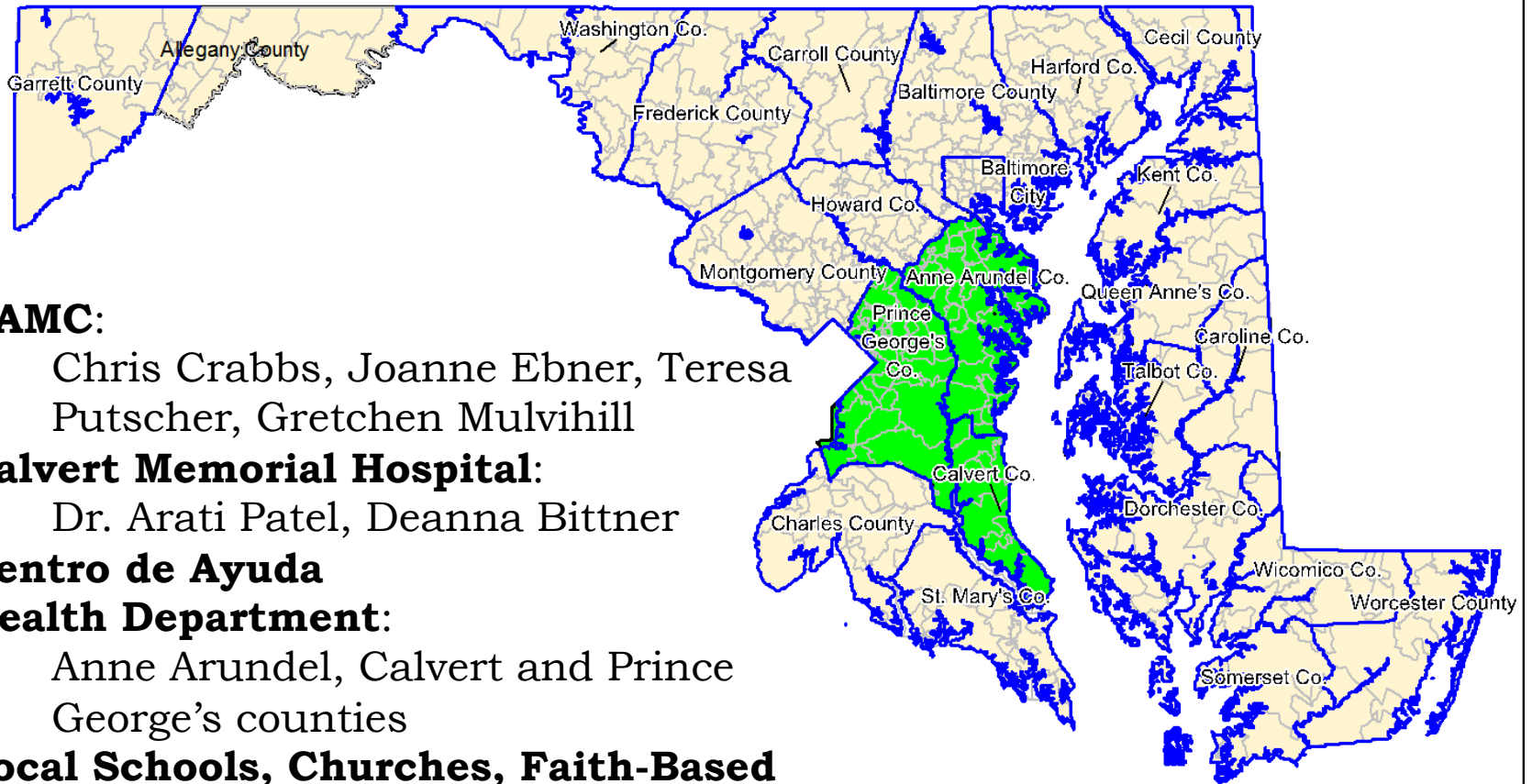




Expanding Our Reach: Comprehensive Thoracic Program

- ❖ **STEPHEN CATTANEO, MD**
MEDICAL DIRECTOR, THORACIC ONCOLOGY
THORACIC SURGEON
- ❖ **CATHERINE BRADY COPERTINO, MSN**
EXECUTIVE DIRECTOR, DECESARIS CANCER INSTITUTE
- ❖ **MARIA GERONIMO, MSN, MBA**
THORACIC ONCOLOGY PROGRAM COORDINATOR

Our Partners



AAMC:

Chris Crabbs, Joanne Ebner, Teresa Putscher, Gretchen Mulvihill

Calvert Memorial Hospital:

Dr. Arati Patel, Deanna Bittner

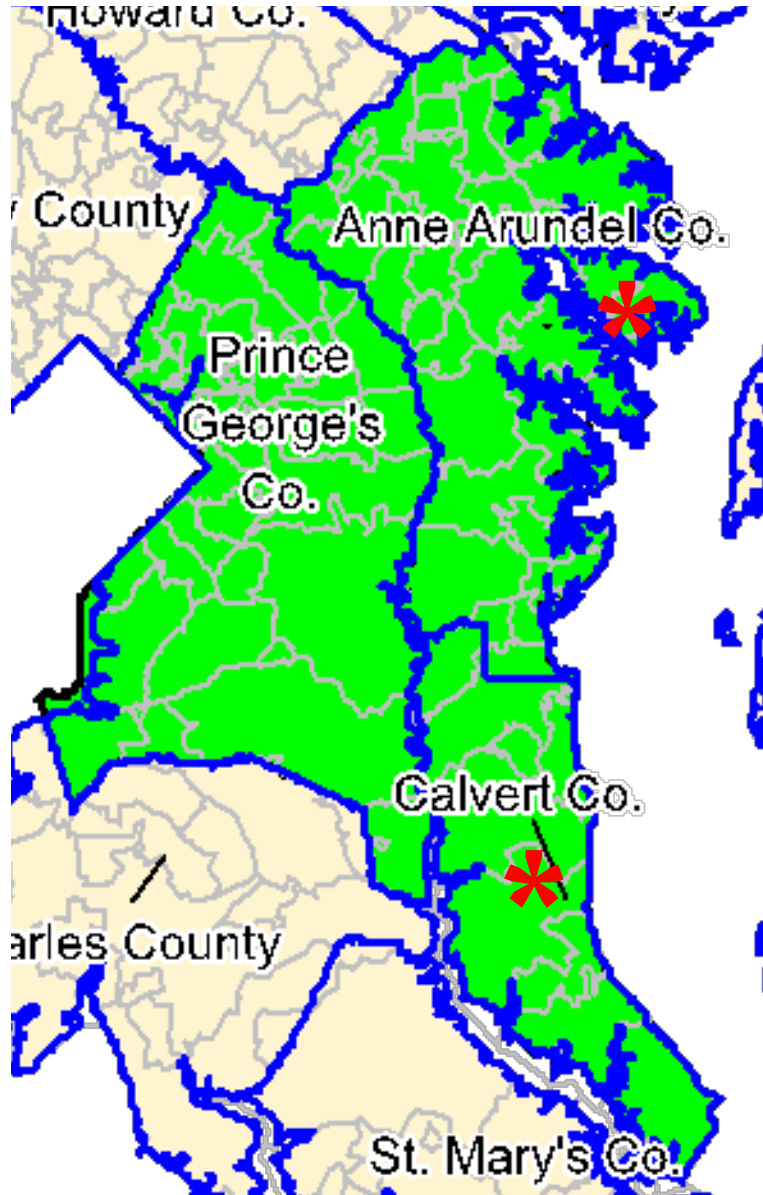
Centro de Ayuda

Health Department:

Anne Arundel, Calvert and Prince George's counties

Local Schools, Churches, Faith-Based Organizations, Community Groups

Prince George's County
Pop: **863,420**
Smokers: **13.6%**
Uninsured: **20%**
< Poverty Level: **7.9%**

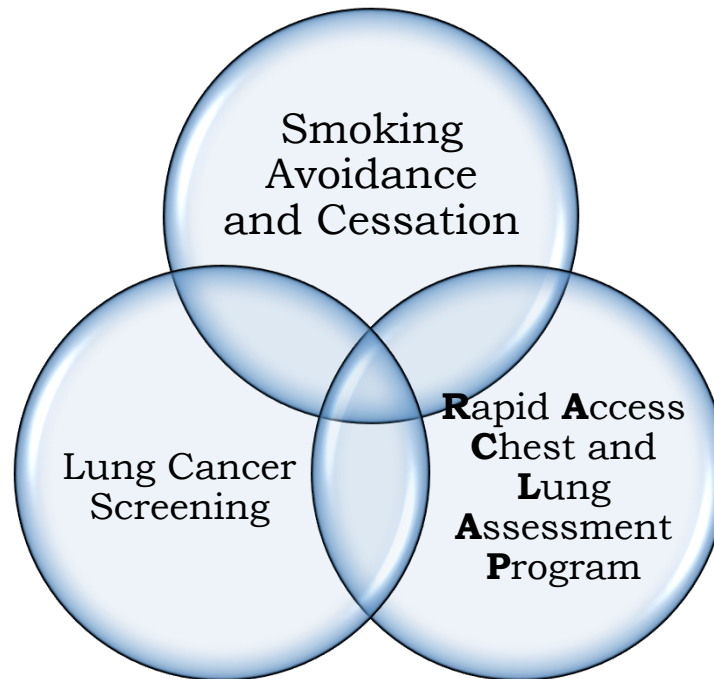


Anne Arundel County
Pop: **556,348**
Smokers: **18%**
Uninsured: **7.2%**
< Poverty Level: **6.3%**

Calvert County
Pop: **90,484**
Smokers: **18.9%**
Uninsured: **9.5%**
< Poverty Level: **4.9%**

Project Goals and Objectives

Expand existing multi-faceted program for primary and secondary lung cancer prevention in vulnerable populations in Anne Arundel, Calvert, Prince George's counties



The Intervention



- Establish Advisory Board
- Culturally sensitive education/outreach materials
- Anne Arundel and Calvert County outreach
- Screening program in Calvert
- Legislative action/payer collaboration

s
C
o
u
n
t
y

- Implementation and transition to sustaina

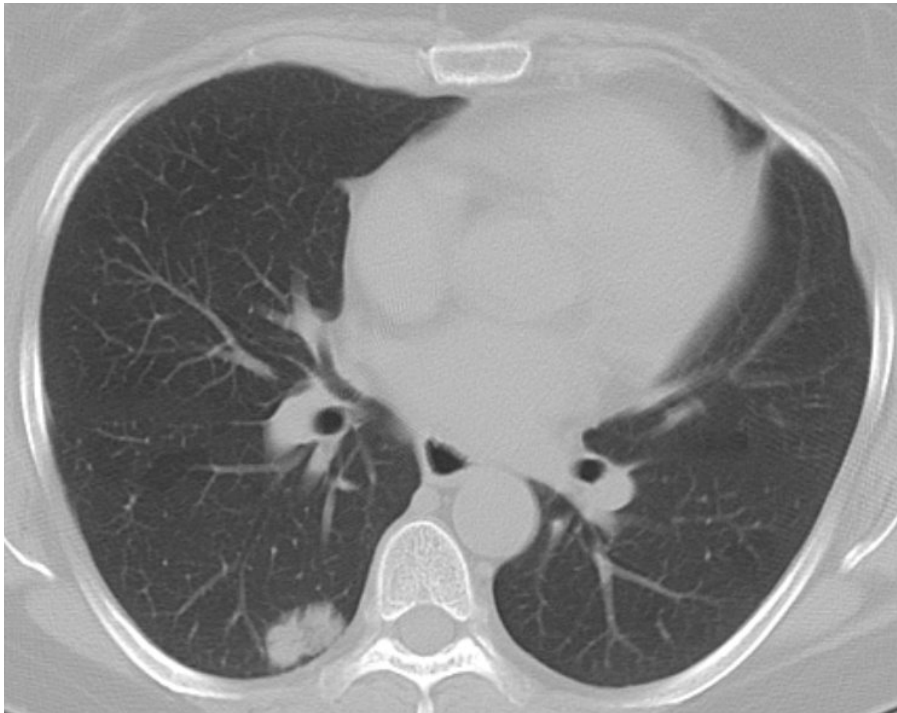
e
x
p
a
n
s
i

Progress to Date

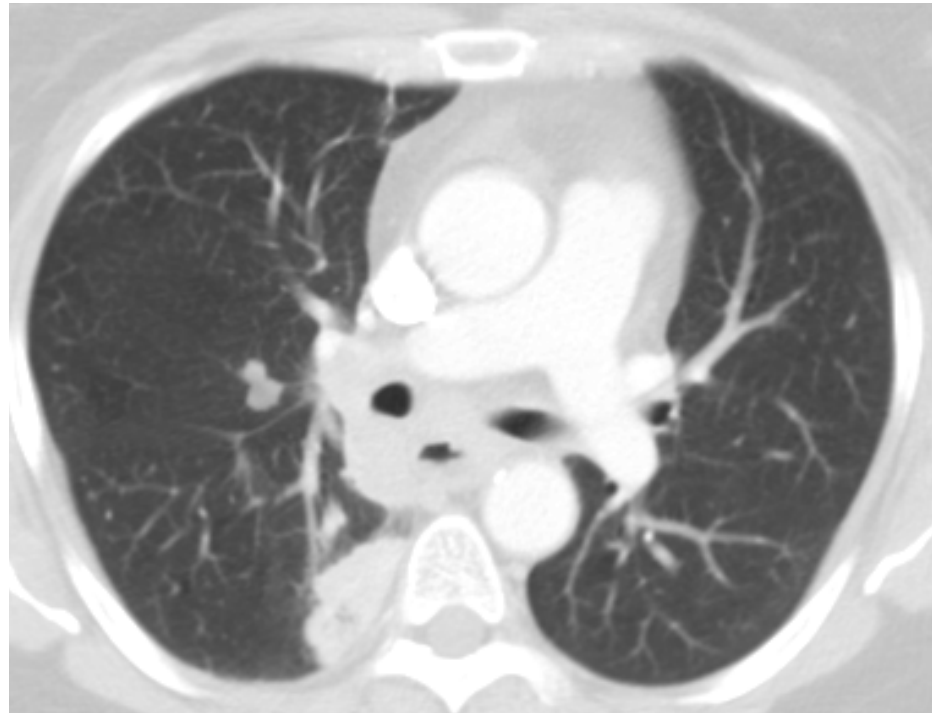
- Expanded RACLAP (2011)
- Expanded Lung Cancer Screening (2012)
- Formal partnership with Calvert Memorial Hospital
- Advisory Board Meetings
- Spanish speaking smoking cessation specialist

Rapid Access Inspiration

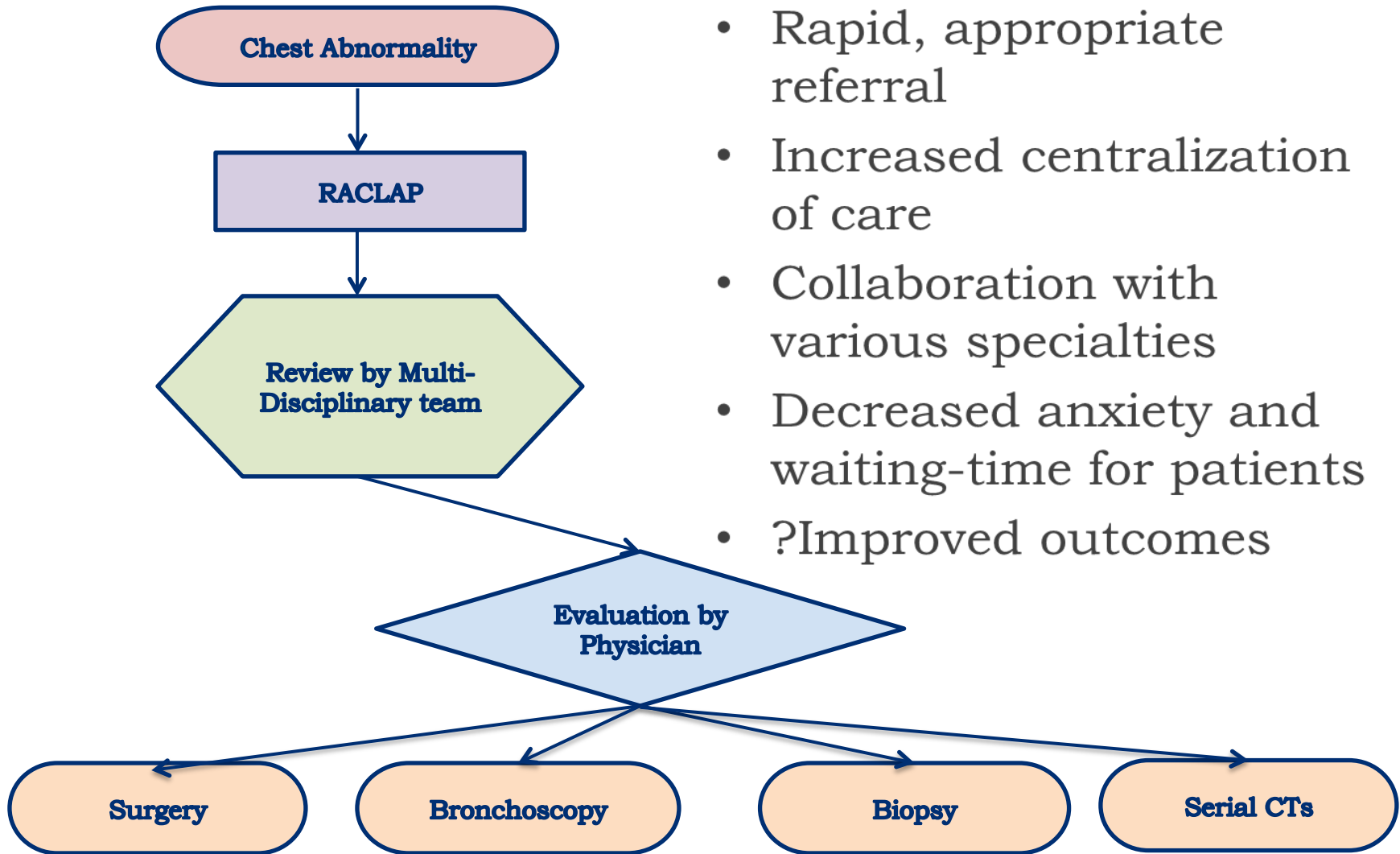
12-30-09



2-17-11



RACLAP

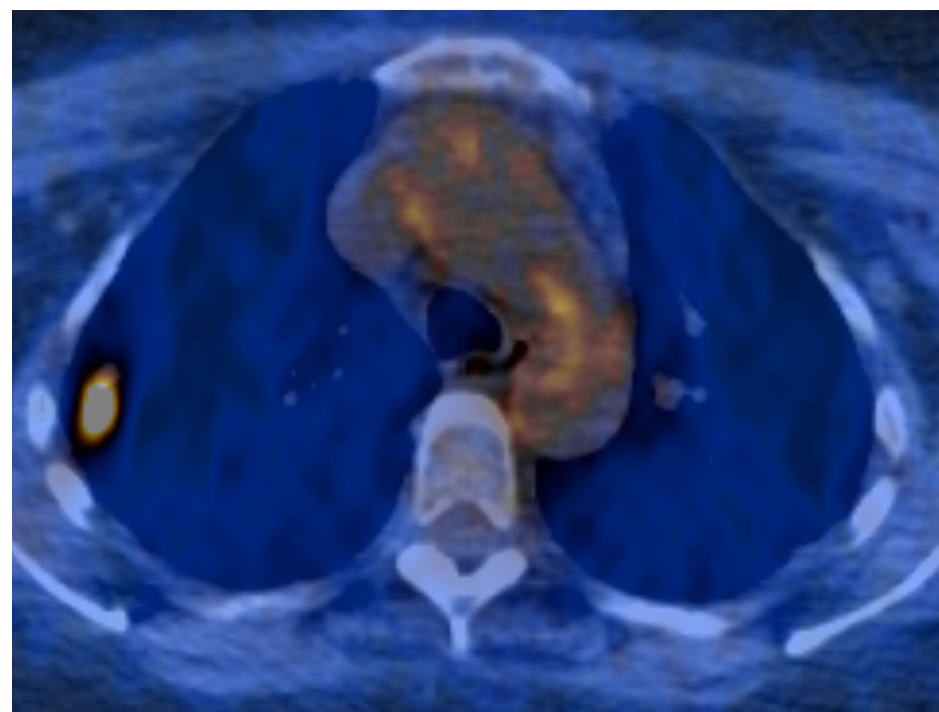
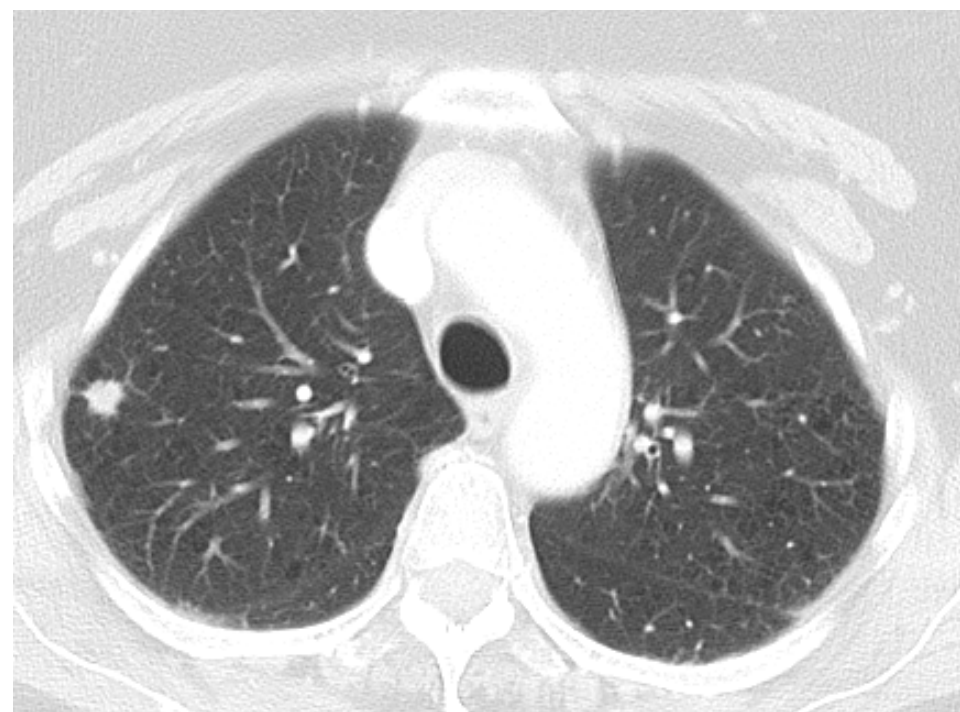


- Rapid, appropriate referral
- Increased centralization of care
- Collaboration with various specialties
- Decreased anxiety and waiting-time for patients
- ?Improved outcomes

RACLAP

5-7-12

5-10-12



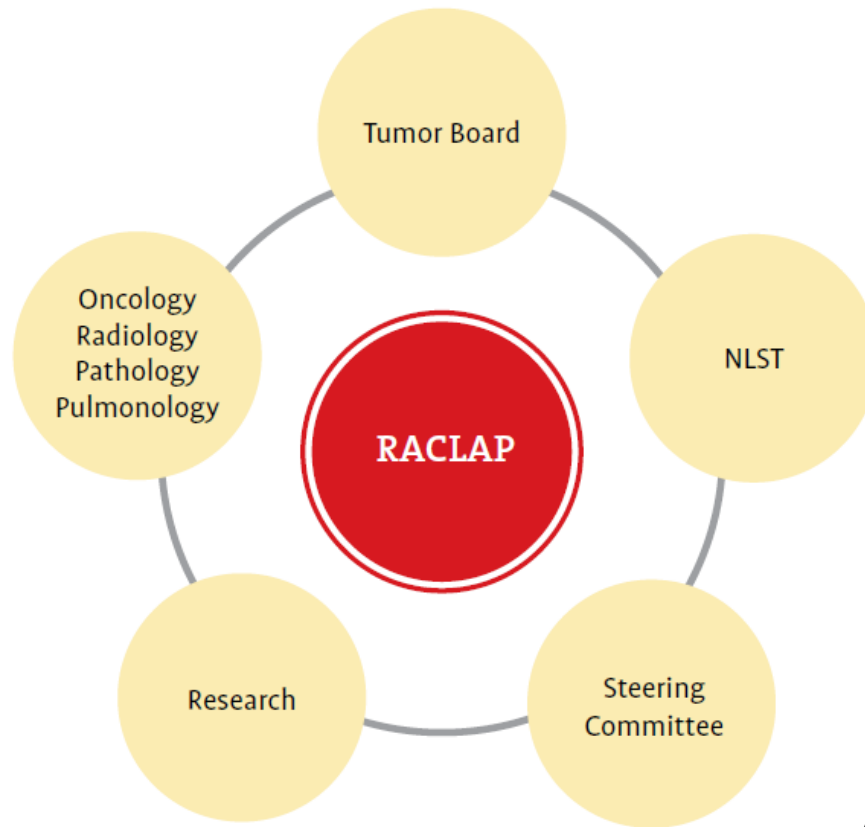
RACLAP

Table 2. Lung Cancer Stage in Patients Diagnosed in RACLAP Compared with Controls

STAGE	RACLAP N=72		Concurrent Controls Diagnosed During the Same Period Outside of RACLAP N=378		Historic Controls Diagnosed in the 24 Months Prior to RACLAP N=458	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0	0	0	1	0.3	0	0
IA	15	20.8	55	14.5	83	18.1
IB	13	18.1	30	7.9	37	8.1
IIA	4	5.6	23	6.1	8	1.7
IIB	5	6.9	15	4.0	24	5.2
IIIA	6	8.3	59	15.6	65	14.2
IIIB	7	9.7	22	5.8	47	10.3
IV	22	30.6	165	43.5	176	38.4
Unknown	0	0	8	2.1	18	3.9

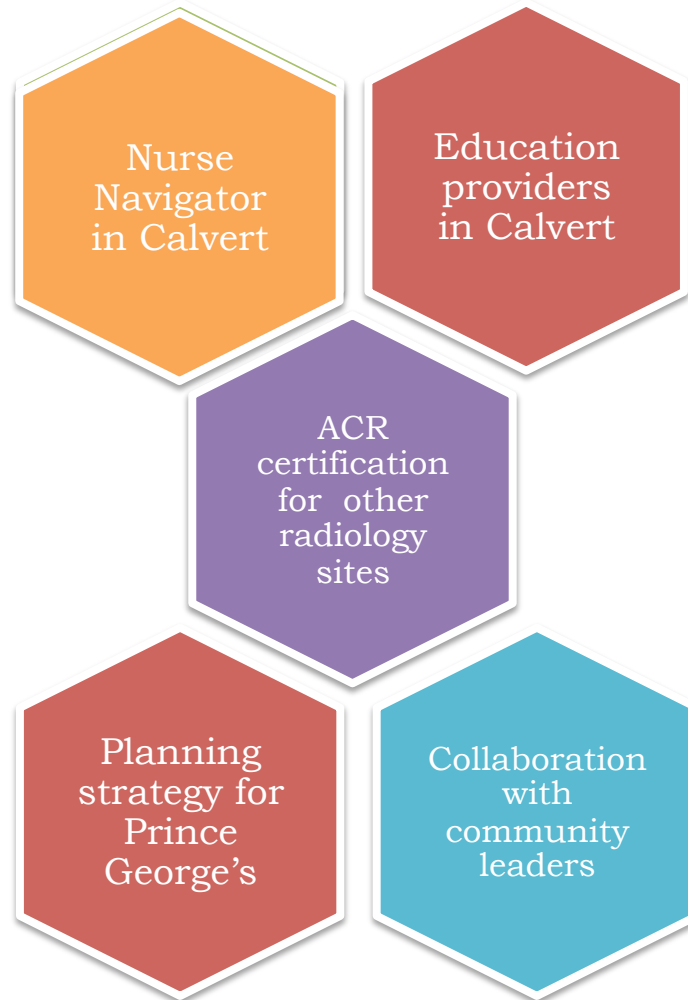
ACCC, Jan-Feb 2015, 68-73

RACLAP



ACCC, Jan-Feb 2015, 68-73

Next Steps



Lessons Learned



Challenges



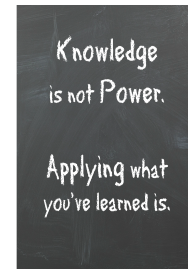
Leveraging / building upon existing relationships and time needed for fostering trust with new groups



Fragmented care in Prince George's County

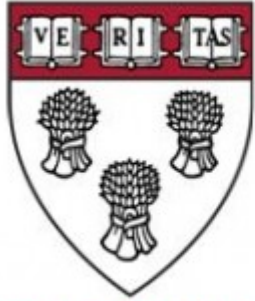


Affiliations/hospital and provider relationships



Community and provider education

Thank You



Center for
Health Law
and Policy
Innovation

HARVARD LAW SCHOOL



Bristol-Myers Squibb
Foundation

