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Bristol-Myers Squibb Foundation
Specialty Care for Vulnerable Populations
Care Collaborations & Patient Support

Bristol-Myers Squibb Foundation
Bridging Cancer Care™
Community Awareness, Prevention and Care

The American Cancer Society's Health Centers Advancing Early Detection (HALE) Pilot

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The Need

- In 2010 the National Cancer Institute's National Lung Screening Trial (NLST) established that lung cancer mortality in specific high-risk groups can be reduced by annual screening with low-dose computed tomography (LDCT) (Team, 2011). Screening for lung cancer is still uncommon, yet evidence shows that current and former smokers would be willing to be screened if advised by their physician (Delmerico, 2014).
- Increasing access to high-quality lung cancer screening is critical to reducing deaths from the disease. Primary care providers will play a central role in the screening process in identifying those at high risk of lung cancer and ensuring eligible individuals are screened and complete the diagnostic evaluation of abnormal findings.
- Approximately 85% of all lung cancer care in the US is provided in a community setting (Fischel, 2009) and it is vital that community health systems have the ability to build strong local, state and national multidisciplinary partnerships to advance lung cancer screening using a multi-level socioecological approach.

HALE Goals and Objectives

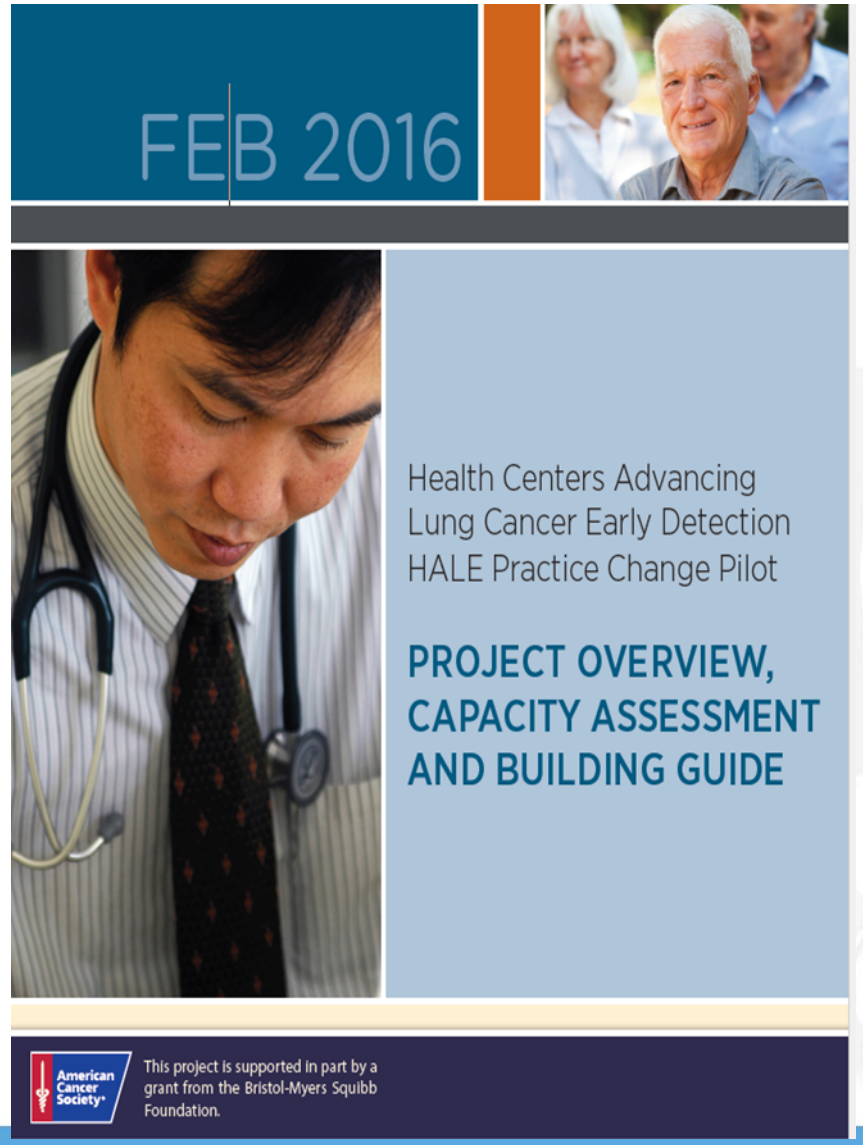
- The American Cancer Society (ACS) is working with FQHCs and lung cancer screening centers in selected communities to help them test and implement systems to identify patients eligible for lung cancer screening and meet their related needs.
- The HALE Pilot is intended to stimulate collaboration among local partners and support development of the long-term structures and relationships needed to improve the links of care in the community in the delivery of lung cancer screening.
- Two primary goals:
  - To advance evidence-based strategies to increase lung cancer screening rates within primary care systems.
  - To increase timely access to specialists after a positive screening result.

The Intervention

- Three key strategies will be implemented to prioritize timely access to lung cancer screening for asymptomatic smokers between the ages of 55 and 74 that have at least 30 pack years of smoking and have used tobacco within the last 15 years. Additionally, these strategies will include follow up for adults with abnormal screening test results and navigating the patient throughout the diagnostic protocol, and treatment for those who are determined to have lung cancer.
- **Strategy 1: Primary Care Clinician Outreach and Education**
  - To support clinicians in the identification, education, and referral of eligible patients
- **Strategy 2: Establish Clinic-based Patient Navigation**
  - To help FQHCs establish or enhance services to increase access to timely, high quality diagnostic evaluation of an abnormal screen and cancer treatment constituents
- **Strategy 3: Disseminate Tools and Educational Materials**
  - To build awareness and support those with a lung cancer diagnosis

The Intervention

- Capacity Assessment Tools to identify key opportunities for supporting lung cancer screening within selected health systems
- Assistance from ACS staff in implementing Quality Improvement strategies
- Development and dissemination of effective, tested provider and patient education materials
- On-site training facilitated by American Cancer Society Clinical Experts to understand the scientific basis for lung cancer screening and about the critical components of an effective lung cancer screening program.
- Live and recorded webinars linking health systems with the nation's leading researchers and practitioners focused on lung cancer screening in the clinical setting
- Coaching and support from trained American Cancer Society staff members throughout the 3-year course of this pilot



Activities to Date:

- Site selections: Christ Community and West Clinic, Memphis, TN; Cabin Creek Health Systems, Charleston, West Virginia
- Kick off meetings – ACS staff + clinic staff
- Establish agreements with clinic sites
- Develop and disseminate HALE Capacity Assessment: Phase 1
- Complete Phase 1 Capacity Assessment
- Develop training on Lung Cancer 101, Decision Support System and Program Implementation
- Schedule face to face trainings with Clinics

Activities to Date

Training and Educating Providers and Staff	
Goal	Clinicians and support staff will know how to systematically assess lung cancer risk in individual patients, will understand the benefits and harms associated with lung cancer screening and be able to conduct shared decision making about lung cancer screening, how to optimally incorporate tobacco cessation, and will recognize the importance of timely access to lung cancer screening for asymptomatic smokers between the ages of 55 and 74 that have at least 30 pack years of smoking and have used tobacco within the last 15 years.
Purpose	Ensure that all clinical and navigation staff interacting with patients have current knowledge of lung cancer screening guidelines, as well as the benefits and harms associated with screening.
Activities	April 4 Charleston May 2 – 3 Memphis Participate in on-site training facilitated by American Cancer Society Clinical Experts to understand the scientific basis for lung cancer screening and about the critical components of an effective lung cancer screening program. Participate in webinar trainings from the nation's leading researchers and practitioners focused on lung cancer screening in the clinical setting, including provider/patient navigator training and using Shared Decision Making. Participate in offsite CME trainings through partner organizations.

Activities to Date

Improving Electronic Health Record Function and Utilization	
Goal	FQHC staff have the necessary functions available in their EHR system, and know how to use them, including, assessing patient risk, tobacco use assessment (pack-years), shared-decision making counseling; and referral to local cessation services, and patient population monitoring and reporting.
Purpose	Ensure EHR systems have the capacity to support evidence-based strategy implementation to identify at-risk patients, ensure appropriate tracking and follow up of these patients, and monitor and report on these clinical services for the patient population (e.g. screening rates).
Activities	Assess the current capacity of EHR system and staff proficiency with functions needed for lung cancer screening, tobacco use assessment, cessation services, and patient population monitoring and reporting. Set up EHR system to alert a provider if a patient is eligible for lung cancer screening, requires follow up from a previous screening and referrals to tobacco cessation programs and resources. Program EHR to monitor and report on rates for lung cancer screening, tobacco use assessment, and cessation services.

Activities to Date

Calculating Baselines	
Goal	Have accurate baseline data to create target rates for assessing patient tobacco use, providing cessation services, and identifying high risk patients eligible for lung cancer screening and referring them to screening.
Purpose	To demonstrate project impact, each system will identify numerical baselines prior to setting targets for improving access to lung cancer screening in vulnerable populations.
Activities	Identify most effective method of pulling data. Audit clinic charts. Hire a temp or pay staff overtime to clean data as needed. Establish accurate baseline numbers.

Activities to Date

Assessing Capacity	
Goal	The capacities of the FQHC and of the medical neighborhood are understood and deficiencies addressed in preparation for HALE intervention phase.
Purpose	Evaluate the system, practice and provider lung cancer screening referrals and identify opportunities for improvement of assessing lung cancer risk in individual patients within the practice setting.
Activities	Complete the initial capacity assessment to identify practice gaps, ways to improve tracking lung cancer screening referrals, follow up and tobacco cessation program referrals. Complete the detailed capacity assessment and Process Mapping to identify process changes needed for lung cancer screening intervention. Develop agreements and protocols with health system partners in the medical neighborhood for coordination of patient care.

Challenges/early lessons learned

- Time!
- Nothing moves as quickly as we'd like.

Key Next Steps

- Complete phase 2 detailed capacity assessment (April/May)
- Build Capacity based on areas of greatest need May/June (EHR, links to care, clinic process mapping, training)
- Develop implementation plan
- Develop process map: As part of final capacity building phase – clinics will be asked to create a process map (which will be part of their final capacity building report due July 15)
- Development of the initial implementation toolkit (to provide overview and info needed for first 6 months of implementation) based on CHC CRC manual (April/May).
- Development of a more detailed implementation toolkit (May/June)
- Support implementation as needed (Ongoing)