

# The American Cancer Society's Health centers Advancing Lung cancer Early detection (HALE) Pilot

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# Project Goals and Objectives

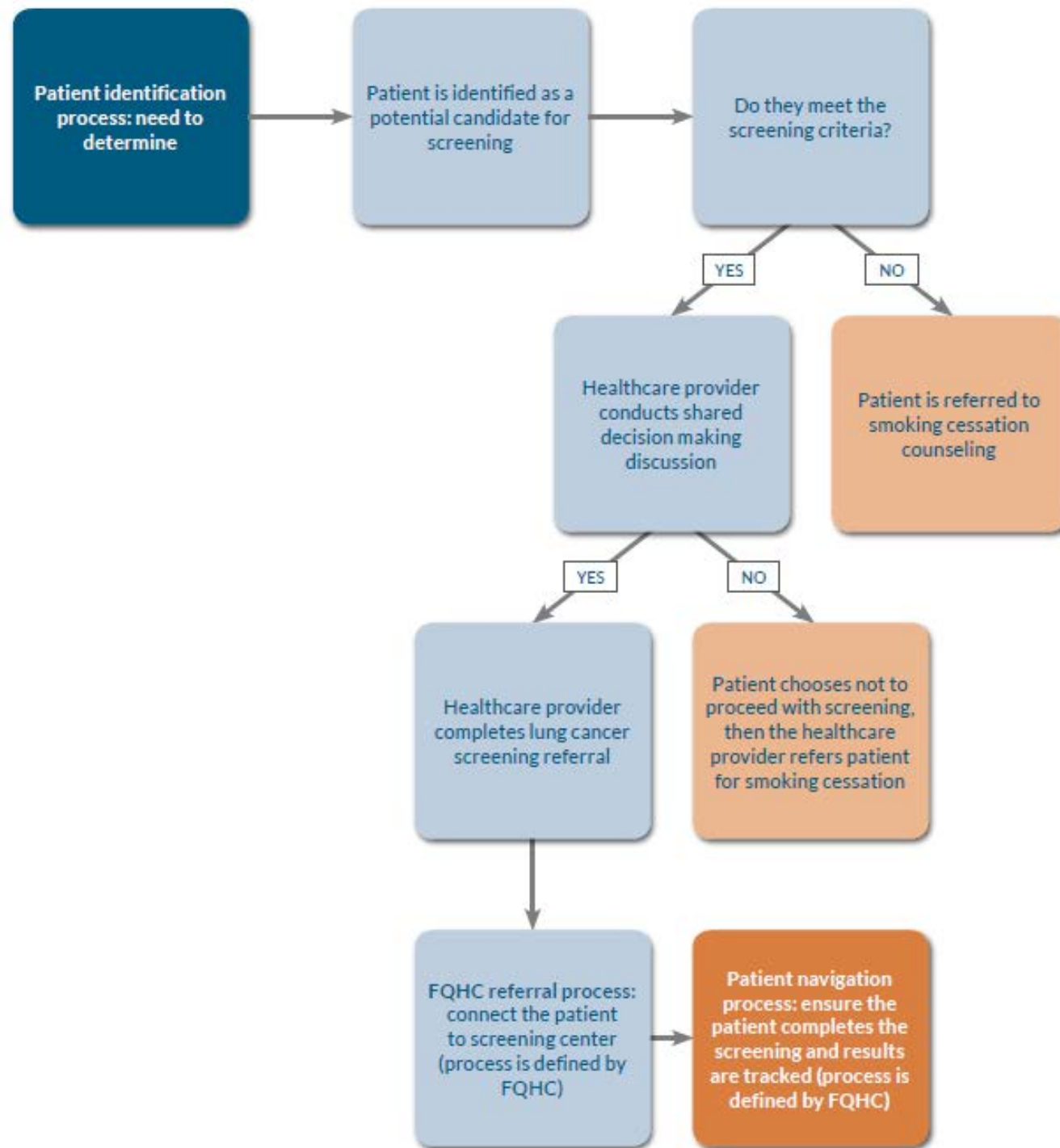
- The American Cancer Society (ACS) HALE pilot is working in 2 communities to:
  - ✓ Help FQHC's implement systems to identify patients eligible for low dose CT (LDCT)
  - ✓ Stimulate collaboration among local partners and support development of structures and relationships to improve delivery of LDCT

FQHC Partners	Screening Partners
Christ Community Health Services-Memphis, TN	West Cancer Center-Memphis, TN
Cabin Creek Health Services (Dawes, WV)	Charleston Area Medical Center Charleston, WV

- Two primary goals:
  - ✓ Advance evidence-based strategies to increase LDCT screening rates within primary care systems
  - ✓ To increase timely access to specialists after a positive screening result

# Working Together In Our Communities

ACS	FQHC's	Screening Centers
Conducting community assessments exploring capacity, needs, & barriers	Created & improved practices & protocols	Collaborated to improve access to care for FQHC's
Convening partners & beginning medical neighborhood discussions around lung cancer	Developed a system with screening partners to improve access to care	Provided leadership to improve patterns of care
Training	Developed & improved screening navigation & care coordination	Enhanced screening navigation & coordination to care
Process improvement, evaluation & tracking	Tracking & reporting	
Resources & Tools		



## Service Flow Map

# Patient Stories-Decision to be Screened

## **62 Year Old Female 42 Pack Year History**

“They talked with me about what the test was like, and I was able to ask some questions about what the test was looking for. I was also told that this test was covered by my insurance and that I would not have to pay. I agreed to the test. I was also told that they had a smoking cessation program at the clinic.”

## **67 Year Old Male 50 Pack Year History**

“I got a call from my doctor’s office about being tested for lung cancer. I was not very interested in having the test because I wasn’t worried about lung cancer. They spent about 15 minutes on the phone with me talking about my smoking habits and why I should have the test. They also told me that they could help me quit smoking. I told them that I still was not interested. A few days later, I received a letter and a brochure in the mail about the test. My wife read the brochure and convinced me to have the test. She called the office to get me scheduled.”

# Patient Stories-Receiving the Results

## **62 Year Old Female 42 Pack Year History**

“He told me that they saw some something on the test that they wanted to watch and that I needed to have another test in 6 months. He also talked to me again about the class they have to help me quit smoking. I agreed to go to the class, especially after my test showed something. My test has been scheduled for June.”

## **67 Year Old Male 50 Pack Year History**

“They talked to me there about quitting smoking and I told them I would wait and see what the test showed. The next week I had an appointment to get my blood pressure checked and the doctor told me that he had the results of my test. He said that the test came back clear and that I needed to have the test again next year. Unless my wife makes me go again, I don’t think I will do this test every year. The doctor asked me again about quitting smoking. I don’t plan on it...because I haven’t got cancer after fifty years of smoking.”

# Project Results to Date

July 1, 2016-December 31, 2017

Shared Decision Making Visits	Referred to Screening	Completed Screening	Abnormal Screening
100	86	60	14

\*Data represents activities from both pilot sites.

# Things We've Learned...

Successes	Challenges
Navigation	Processes
Removing patient barriers to screening	Reimbursement & fees
Building medical neighborhoods & improving links to care	Provider worries
	EHR complications
	Effectively capturing patient experience



# Our Community Partners-Christ Community Health Services & West Cancer Center



# Our Community Partners-Cabin Creek Health Services & Charleston Area Medical Center



Special Thanks to Our Community Partners, Staff, and  
Administration!

Special Thanks to ACS Global Headquarters & Division  
Leadership!





# Kentucky LEADS Collaborative

Univ. of Louisville, Univ. of Kentucky, and Lung Cancer Alliance

Provider Education Component

Celeste Worth, Ruth Mattingly, Morel Jones, Margaret Oechsli,

Connie Sorrell, and Goetz Kloecker, M.D.

Jamie Studts, PhD – Principal Investigator



# Project Goals and Summary

Component 1 Goal: Improve lung cancer care in Kentucky through educational interventions for primary care providers (MDs, DOs, PAs, NPs)

## Objectives:

- Increase lung cancer screening rates among eligible candidates
- Increase tobacco cessation treatment referral among patients using tobacco, lung cancer patients and their families/caregivers.
- Increase referrals by primary care providers of lung cancer patients to oncology specialists.
- Increase knowledge of innovative treatments, such as targeted therapy and immunotherapy.
- Increase knowledge of patient services within regions so that patients are referred more often to services via the KCP Pathfinder resource tool.

# One Health System's Story with LEADS



**HARDIN MEMORIAL HEALTH**

- **LEADS** partnered with Hardin Memorial Health (**HMH**)
- **HMH** leaders were implementing standing orders for lung cancer screening
- **HMH** needed an educational piece for primary care providers about lung cancer
- **LEADS** offered 3 educational formats – online course, academic detailing, large group presentations
- **Academic detailing** selected as preferred format
- **LEADS** staff and **HMH** lung cancer screening navigator visit primary care practices together
- Additional **large group presentation** opportunities and promotion of **online course**

**LEADS**  
education on  
lung cancer care  
continuum

**HMH** standing  
orders for lung  
screening

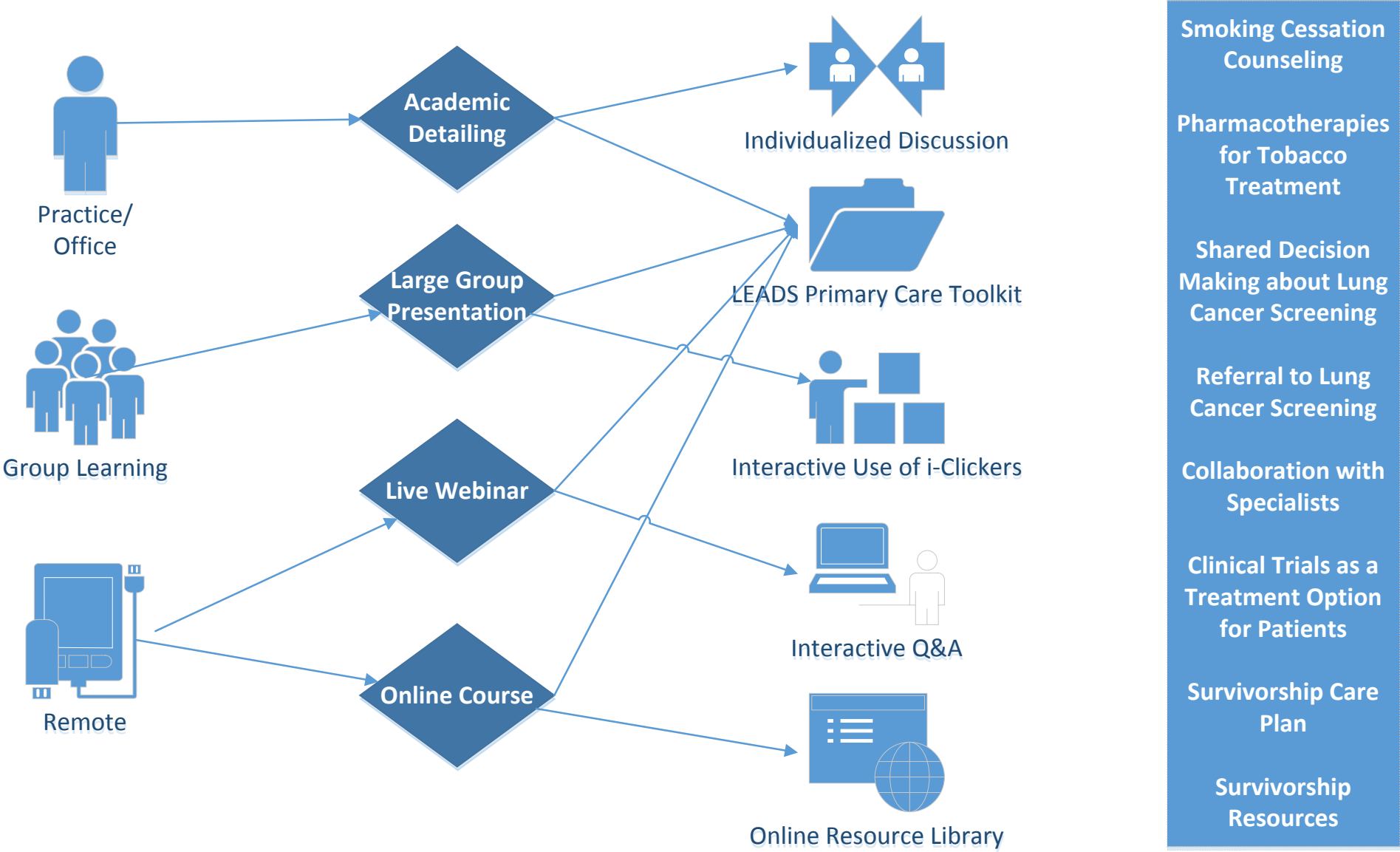


**Point of Access to PCP**

**Educational Intervention**

**Unique Intervention Elements**

**Provider Practice Opportunities**



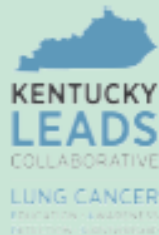
# Progress Jan. 2016 – Feb. 2017

- More than **350** practices visited statewide
- **29** Large Group Presentations
- PCPs educated = **1,032**
- Non-PCPs (nurses, respiratory care practitioners, other specialties, practice staff/office mgrs., etc.) = **1,158**



# Evaluation Feedback from Providers

- “The value of this program for me was simply an awareness of the availability of low dose CT.”
- “I appreciate the time and effort that went into preparing this free CME course. I feel like it will impact the quality of my screening in the office utilizing the various resources and implementing the LDCT.”
- “The posters for the office have been very helpful - I have patients asking me about the screening now rather than me having to tell them about it, as well as patients telling me that they would like to quit after seeing the poster that talks about the changes.”
- “Have dx'd an early stage lung cancer and have had about 6 patients cease smoking.”
- “Very Happy Ky. is making headway on providing the provider with all the tools necessary to promote stop smoking and finding cancer early. I have ordered the test about 6 times and had 2 positive for cancer... The rep that came to see us was so knowledgeable and went out of her way to make sure the main 3 facilities in Paducah were offering the test. She was even a liaison between me and a facility to work out the kinks in ordering my first test.”



# FREE CME/CE WEBINAR

## Lung Cancer Screening *How to Save 712 Kentuckians This Year!*

**Wednesday, March 8 at 12:30 EST**

*Preregister today at [www.cvent.com/d/t5q7b2](http://www.cvent.com/d/t5q7b2)*



**Anthony D. Weaver, MD**  
University of Kentucky  
School of Medicine

Dr. Weaver is a general internist who inherited a pulmonary clinic when he began practice in 1986. Horrified by the large number of clinic patients with incurable lung cancer, he dedicated his career to addressing Kentucky's top cause of cancer.

**Angela Criswell, MA**  
Senior Manager of Medical Outreach  
Lung Cancer Alliance

Ms. Criswell is an expert on low-dose CT (LDCT) screening policy implementation and provides insights from both national and Kentucky perspectives.



*Topics include:*

- *Screening eligibility*
- *Shared decision making and other reimbursement rules*
- *Special considerations for low-dose CT*
- *Handling abnormal findings*
- *Latest info on developing issues*
- *Answers to the "Top 5" questions from LDCT screening centers*

**A \$100 Amazon gift card will be sent to the first 100 eligible Kentucky providers who participate and complete a registration survey and a post-event survey. Those eligible are practicing primary care providers, cardiologists, pulmonologists and/or lung cancer screening navigators.**

The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation Statement: The University of Louisville Office of Continuing Medical Education & Professional Development designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been approved by the Kentucky Board of Nursing for 1.2 continuing education credits through University of Louisville Hospital, provider number 4-0088-7-18-984. The Kentucky Board of Nursing approval of an individual nursing education provider does not constitute endorsement of program content.

**For more information: Email [KYLeads@Louisville.edu](mailto:KYLeads@Louisville.edu) or call (502) 852-6318.**



# Key Lessons

- Doctors' front office staff can be biggest barrier to allowing a visit, and...they expect food.
- Ask for 5 minutes and once you're with the provider, you might get 10, 15, or more.
- Mid-level providers are more receptive.
- No single type of CME/CE will work and credit is not a huge incentive.
- Office visits are time and labor intensive.
- Face-to-face gets better response.
- Billing/coding/reimbursement issues are of significant interest.
- Specialists (Cardiologists and Pulmonologists) are also interested and key audiences for LCS referral.
- Partners and the right contact can make all the difference!
- Dated/timed events can have more response than enduring material.
- Adapt continuously.

# Lung B.A.S.E.S. 4 Life Program

## Carolinas HealthCare System, Levine Cancer Institute

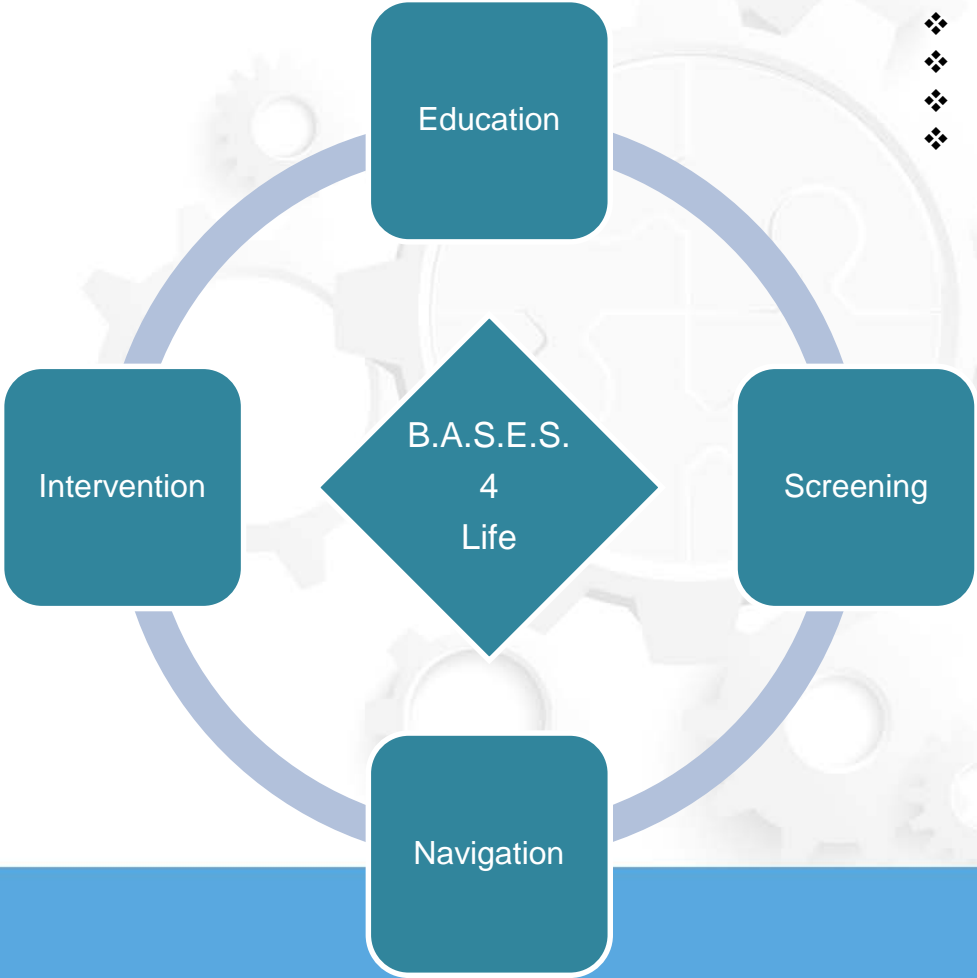
Darcy Doege, RN, BSN Program Coordinator  
Partners: Frazer, Ltd. and Samsung NeuroLogica



# LEVINE CANCER INSTITUTE'S LUNG B.A.S.E.S. 4 Life

Covering the bases to win the fight against lung cancer!

**B- Bringing**  
**A- Awareness**  
**S- Screening**  
and  
**E- Education**  
to improve  
**S- Survival**



The number 4 represents our 4 key strategies:

- ❖ Community-based education
- ❖ Mobile/Regional screening 25 sites
- ❖ Community Navigator for education/care coordination
- ❖ Navigator to transition positive screens into the System for care and clinical intervention

- Targeting the Underserved
- Community Navigation/Education
- Mobile Screening Component

# Project Goals and Summary

- Screen 1200 patients over 3 year grant cycle
- Provide education and awareness to PCP and community
- Navigate patients effectively to decrease barriers to care
- Increase referrals for smoking cessation, providing nicotine replacement for those screened

## Program Development


- State Regulations
  - CON
  - Radiation Safety
- Information Services
  - Scheduling
  - Billing
  - PACS transfer
  - Revenue Center
  - Registration
- Research
  - Nurse Driven Study
  - IRB approval
  - Translational Research
- Mobile Medicine
  - Vehicle oversight
  - Driver, connectivity, maintenance

## Connecting the Dots

- Community Partners
  - Health Departments
  - Federally Qualified Healthcare Facilities
  - Faith Community
  - Primary Care Clinics
- Marketing
  - Collateral
  - Social Media
  - Press Release and Event
- Provider Education
  - Radiology
  - Pulmonology
  - Primary Care
  - Oncology/Radiation Oncology
  - ED/Urgent Care




Care Ring




8 total, 2 providers  
47% correct on pretest

Biddle Point Clinic (CHS)



11 total, 7 providers  
40% correct on pretest

Charlotte Community Clinic (FQHC)



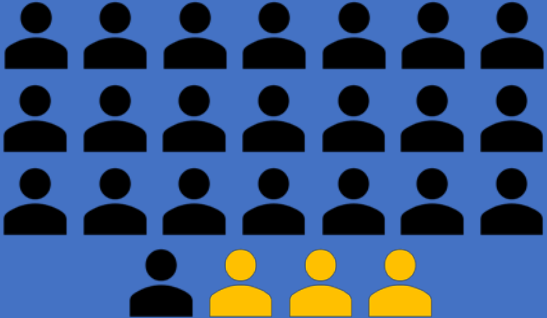
3 total  
22% correct on pretest

LCI Leadership Operations Meeting




X 57  
57 total

Myers Park Clinic




25 total 3 providers

Matthews Free Clinic



4 total  
35% on pretest

LCI Southpark presentation



16 total

All residents at CHS April 24<sup>th</sup>

Health Quest (Union County)



# Project Results to Date

- Direct education provided to 370 individuals in 10 months
- Connected to over 40 clinics, with potential to educate approximately 200 more within the month
- 50,000 people reached through press release and social medical outlets, not including the 60,000+ employees through Carolinas HealthCare System
- 18 screening days scheduled in 5 counties with capacity to screen 360+ patients this year
- Anticipated growth into 4 more counties and into South Carolina





- Maine Medical Center
- MaineGeneral Prevention Center
- Eastern Maine Healthcare Systems
- Central Maine Medical Center
- MaineHealth
- Southern Maine Medical Center
- St. Mary's Regional Medical Center
- Chest Medicine Associates
- HealthReach Community Health Centers
- American Lung Association
- Maine Quality Counts
- University of Southern Maine
- MaineHealth Center for Tobacco Independence
- Maine Public Health Association
- American Cancer Society
- Free ME from Lung Cancer
- Lung Cancer Alliance
- Maine Cancer Foundation

# Project Goals and Summary

- **Engage and educate** the general public, patients, health care providers, health care payers, and policymakers about evidence-based lung cancer prevention and screening services
- **Innovate and evaluate** community-based strategies to increase access to evidence-based lung cancer prevention, screening, and treatment services to the entire Maine population, including high-risk individuals in rural underserved communities.

# Service Flow Map

## Engage and Educate

- General public, patients, clinicians, payers, policymakers
- Evidence-based lung cancer prevention & screening services

### Prevention Messaging

- Formative research: Intercept Interviews
- Environmental policy scan
- Stakeholder advisory group
- Develop messages, outreach

### Qualitative Research Study

- High-risk, rural, disengaged community members; learn about perceptions of lung cancer risk, barriers to lung cancer screening

### Health Policy Initiatives

- Introduce legislation for MaineCare for LDCT lung cancer screening
- Radon detection & mitigation

### LDCT Screening Provider Summit

- Convene key stakeholders to assess current status, share insights
- Achieve consensus on best practices, develop tools
- Ongoing multi-institutional coalition, learning collaborative

### PCP Outreach & Education

- Statewide education program on lung cancer screening, prevention (online, in-person)
- Tools and resources for implementing LDCT screening
- FQHC Learning Collaborative

## Building a Coalition

Form effective, collaborative partnerships among diverse institutions across Maine

### Building New Data Infrastructure

- New statewide lung cancer outcomes data resource
- Provider and physician surveys on lung cancer screening

### Community Health Worker Pilot

- Outreach to rural high-risk communities
- Identify education, access needs
- Link patients to primary care services

### Nurse Navigator Pilot

- Develop, implement, test new patient navigation-based model for LDCT screening
- Ensure timely multi-disciplinary lung cancer care

## Innovate and Evaluate

- Community-based strategies
- Increase access to prevention, screening, and treatment services to rural/underserved populations

### Primary Care Pilot

- 4 pilot practices, link CHW to practices and patients
- Population Risk Assessment Tool to identify patients eligible for lung cancer screening

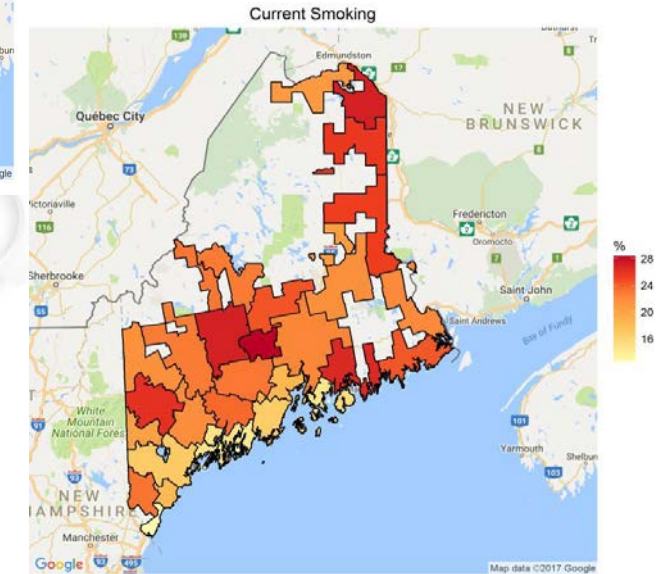
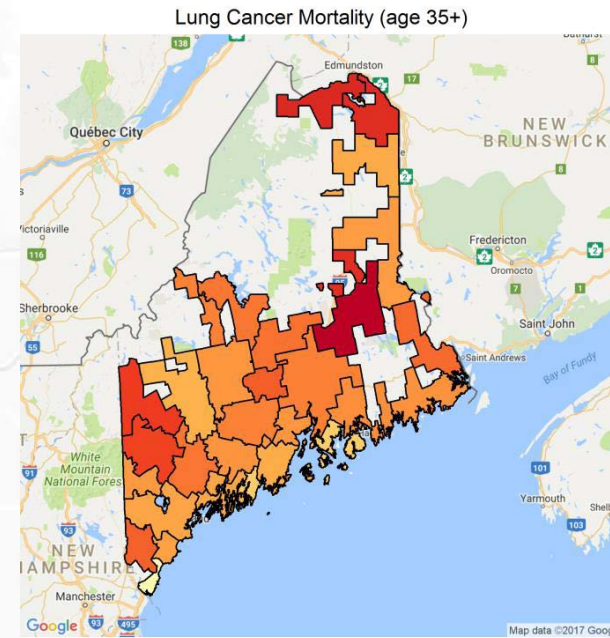
### Telemedicine Pilot

- Develop, implement, and test use of telemedicine for providing pre-screening shared-decision making (SDM) counseling for LDCT screening



# Project Results to Date

- Coalition building
  - Stakeholder engagement
- Formative evaluation: Intercept interviews
- Stakeholder education program planning
  - LDCT screening provider summit (May 2017)
  - PCP educational webinars
- Pilot project planning, implementation
  - Rural community qualitative study
  - Telemedicine, Navigation pilots
- Data resource development, preliminary analyses
  - Data acquisition, linkages
  - Maine CDC LDCT screening provider survey
- Program evaluation infrastructure



# Key Lessons

- Managing overlapping activities and interests: need for sequencing and coordination of project activities
- Varying readiness of providers and practices: go slow, build relationships, obtain buy-in
- Great desire for collaboration, cooperation
- Low awareness, knowledge, interest in lung cancer screening: need for comprehensive approach, messaging, marketing

# Maine Prevention Core Stories: Intercept Interview Findings



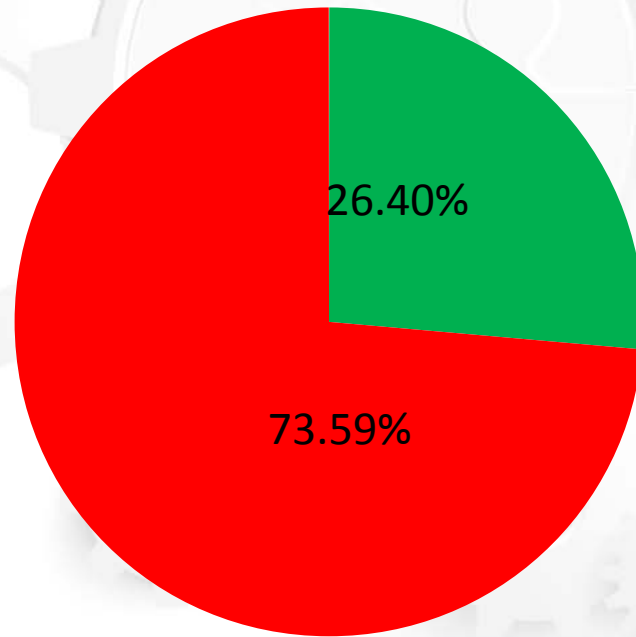


# Maine Prevention Core Stories: Intercept Interview Findings

**“I couldn’t quit because I didn’t have enough will power.”**

# Knowledge of Risk

Have you ever heard of the link between radon and lung cancer?



- Yes
- No

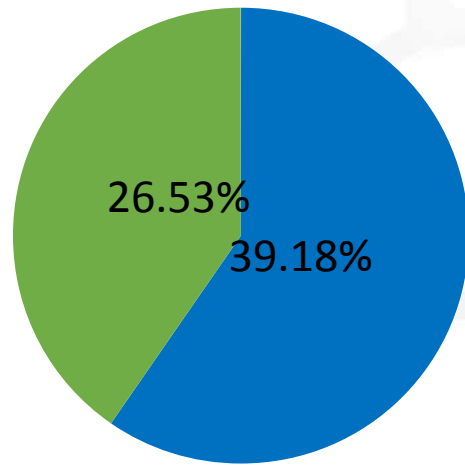
# Barriers to Screening

1. Fear
2. Affordability
3. Uninsured



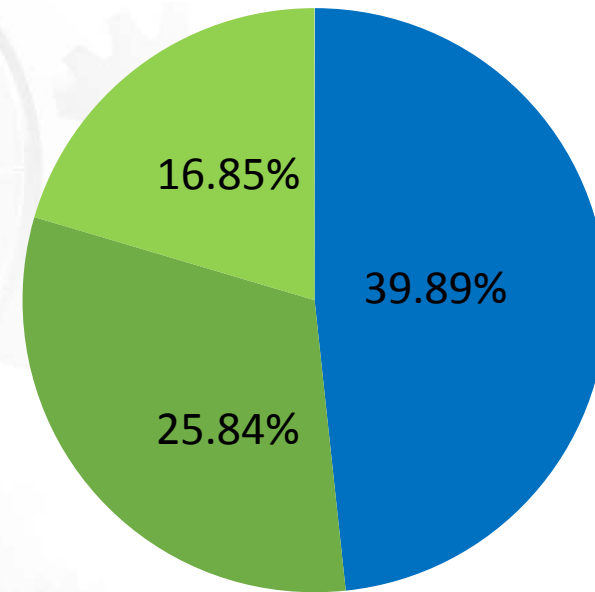
# Communications Preferences

Do you prefer to talk one on one or in a group?



■ One-on-One ■ Group

Who do you prefer to talk to?



■ Either ■ CHW ■ PCP

Thank You

