

Smoking Cessation and Lung Cancer Screening and Quality Initiative

Project Summary

April 2019



Project Overview

- Four practices including 2 FQHCs and a residency program completed the project
 - Project leads included physicians, physicians assistants, residents, nurses, and social work
 - Located in rural Eastern Kentucky with some of the highest rates of smoking and lung cancer
- Local, multidisciplinary advisory group reviewed project plans, served as faculty throughout the program, and provided resources
- January 2018 through April 2019
- Champion training program June 2018 – week-end program focused on education – toll of smoking and lung cancer in KY, evidence-based approaches to treatment, guidelines for referral for screening, PDSA, local resources; SDM training; development of PDSA plan; peer-to-peer connection
- Implementation of PDSAs through February 2019 including coaching calls and visits, further education on site, and mid-point luncheon meeting of all participants (at their request)

Where

Age-Adjusted Invasive Cancer Incidence Rates in Kentucky

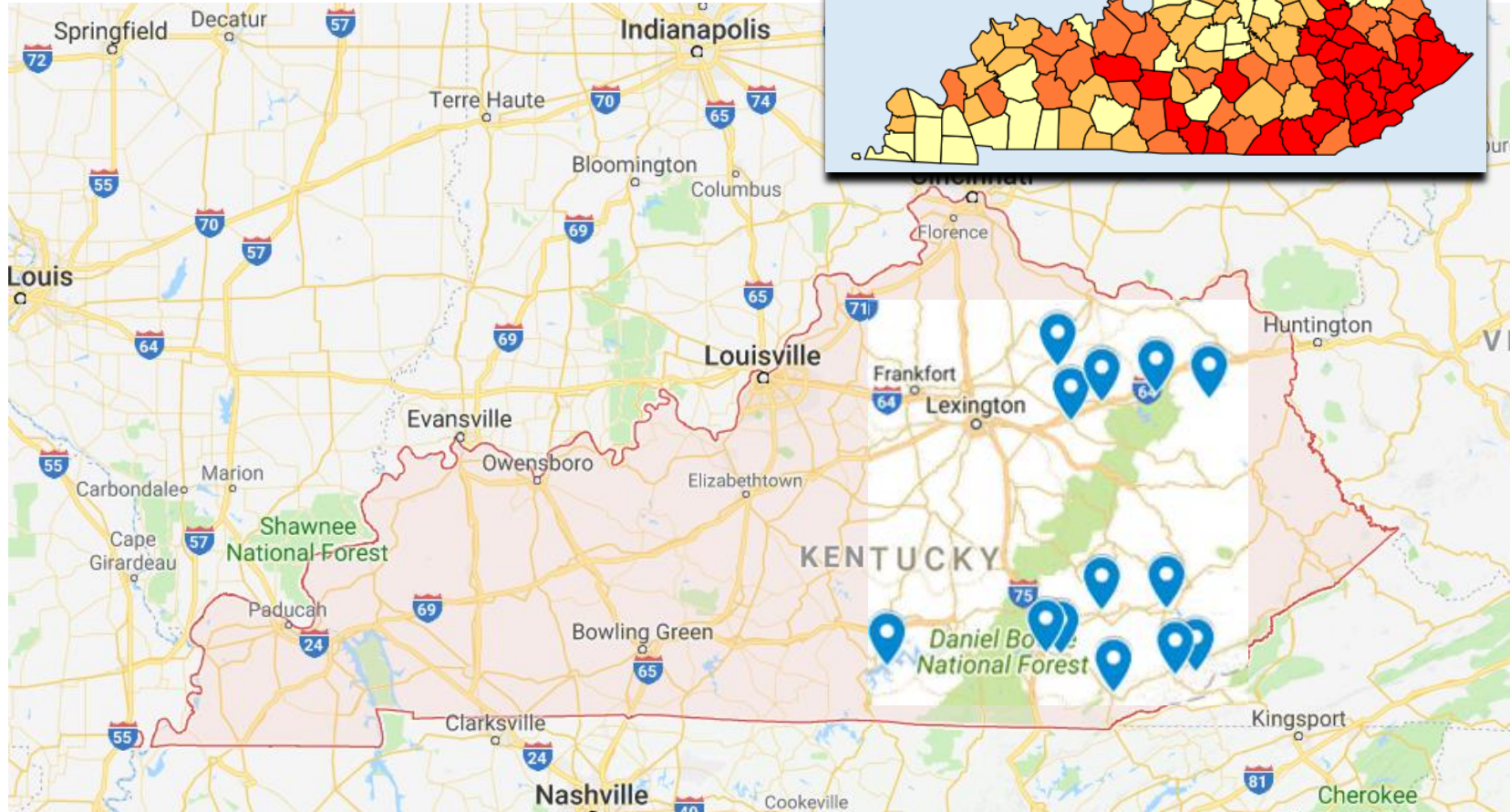
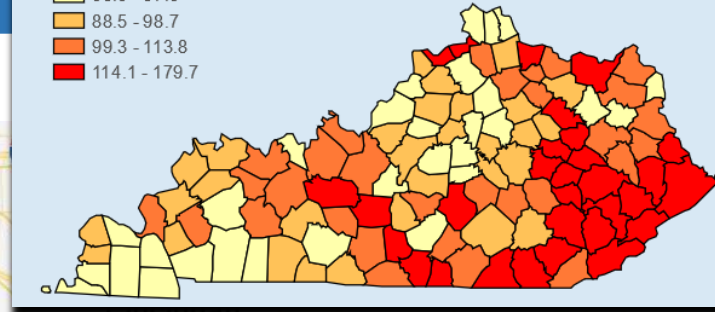
Lung and Bronchus, 2011 - 2015

By County

Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 93.5 / per 100,000

- 58.6 - 87.5
- 88.5 - 98.7
- 99.3 - 113.8
- 114.1 - 179.7



Identified Barriers and Project Foci

- Barriers:
 - Provider level = knowledge, time
 - Patient-level = fear, financial, transportation, cultural
 - EHR
- Projects:
 - All invested time/resources into programming EHR to identify at-risk patients
 - All used materials from Kentucky LEADS and applied a team-based approach, attending to work flow
 - All implemented strategies to increase referral for lung cancer screening
 - One practice surveyed patients on readiness to quit smoking, referring those scoring in the “ready” area to behavioral health counseling, which they offered in the practice

Smoking Cessation Project

Date: _____
 Name: _____
 Date of Birth: _____

READINESS RULER

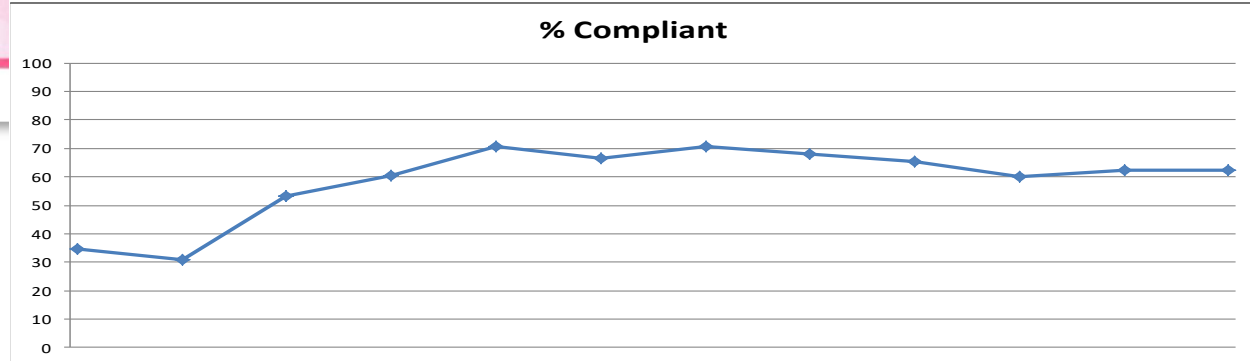
Importance:
 "On a scale from 1 to 10, with 10 being extremely important, how important is it to you that you quit using tobacco?"

Not At All Important Somewhat Important



Tobacco History Screening		Date Submitted: 10/1/2018
All patients > 18 yrs. Old		Complete tobacco use history documented in NG

Week ending	14-Sep	21-Sep	28-Sep	5-Oct	12-Oct	19-Oct	26-Oct	2-Nov	9-Nov	16-Nov	23-Nov	30-Nov
Benchmark												
% Compliant	34.56	30.7	53.42	60.34	71	66.37	70.8	68.09	65.3	60.16	62.5	62.19

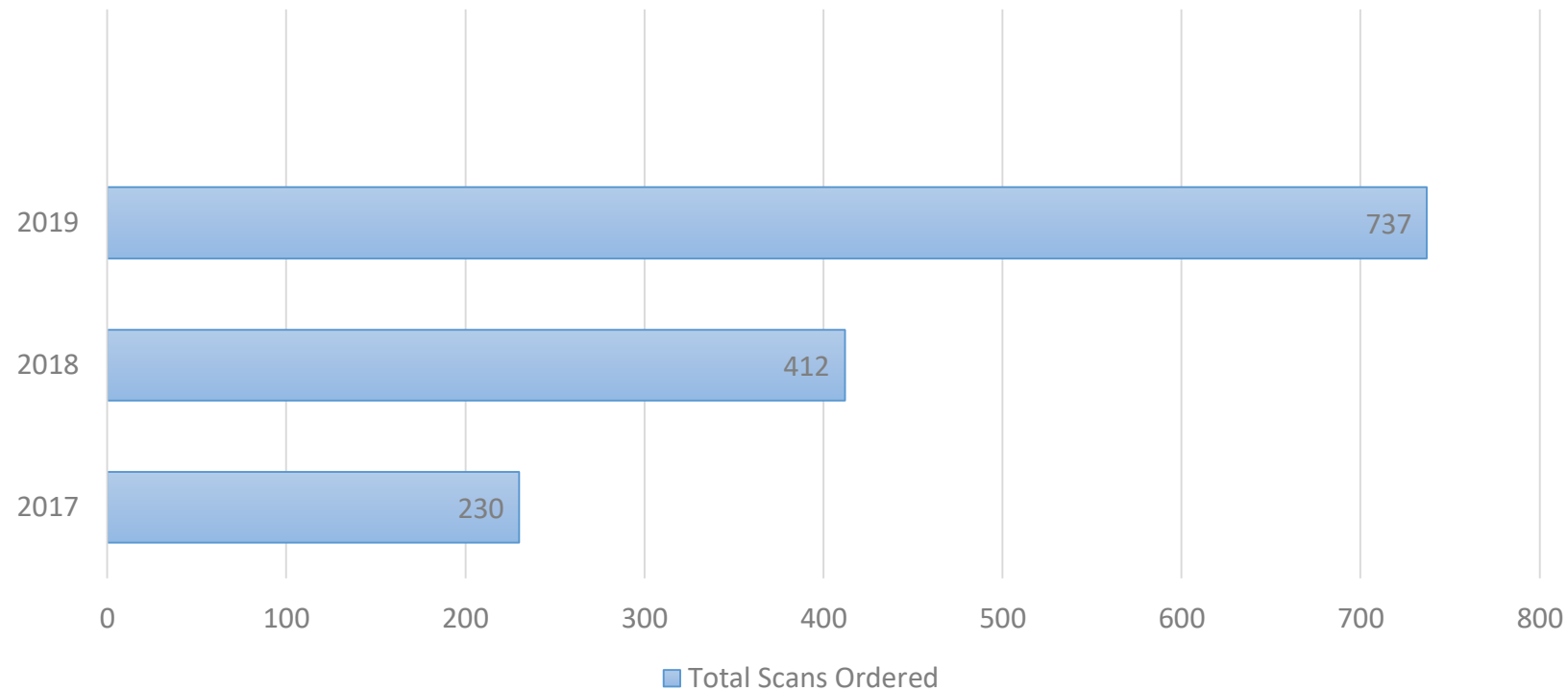


Complete and accurate tobacco screening history documented

Mid August- Staff trained on more detailed workflow.
 Report created by staff member 9/11/18
 Report reviewed and individual results sent to staff for week of 9/14 on 9/21/18.
 Report reviewed and individual results sent to staff for week of 9/21 on 9/24/18.
 Report reviewed and individual results sent to staff for week of 9/28 on 10/1/18
 Results reported to CQI Committee on 10/2/18.
 Report reviewed and individual results sent to staff for week of 10/5 on 10/9/18.

Cumberland Referral Results

2019 Projected for LCRH
January - November



Learnings and Next Steps

- Significant improvements realized in each PDSA
- Powerful approach in stimulating and supporting practice improvement: a learning community
- Generous support by local advisory group for the project
- All reported intention to continue change and most have identified next areas to focus on, including promoting continuity of care and follow-up with patients
- Participants have expressed desire to expand effort, serving as QI champions and mentors for additional practice leaders

Evaluation and Dissemination

- Currently compiling results and dissemination
- Session at ACP-KY annual meeting (2018)
 - Publication on Medscape
- Two abstracts and one oral presentation accepted by participants
- Two more abstracts under development for submission
- Publication by group in development