

The QUILS Index®

QUality Implementation of Lung Cancer Screening



Timothy Wm. Mullett, MD, MBA

Professor of Cardiothoracic Surgery

Co-PI, Lung Cancer Screening Component

Kentucky LEADS Collaborative

Translating the NLST (and NELSON)



Implementation Science seeks to understand the barriers and facilitators that influence successful implementation of effective interventions.

Implementation Science is needed to facilitate high quality lung cancer screening program development.

Prevention and Early Detection (PD)

What does the study plan to do?

- Integrate recommendations from evidence based guidelines to promote high quality lung cancer screening in Kentucky
- Apply specific implementation strategies (i.e., resources, training, feedback) to facilitate adoption and implementation of high quality lung cancer screening programs in diverse healthcare settings
- Evaluate outcomes of lung cancer screening using implementation science



**KENTUCKY
LEADS**
COLLABORATIVE

LUNG CANCER
EDUCATION • AWARENESS
DETECTION • SURVIVORSHIP



Quality Implementation of Lung Cancer Screening: The QUILS Index[©]



1) Screening Eligibility and Algorithm

- 1) Screening Eligibility Policy
- 2) Screening Frequency and Duration Policy

2) Clinical Radiology Operations

- 1) LDCT Performance
- 2) Lung Nodule Identification
- 3) Structured Results Reporting
- 4) Lung Nodule Management Algorithm

3) Interdisciplinary Team Operations

- 1) Interdisciplinary Clinical Team
- 2) Team Review of Radiologic Results

4) Lung Cancer Prevention Efforts

- 1) Tobacco Treatment Interventions
- 2) Tobacco Treatment Targets
- 3) Secondhand Smoke Prevention Education
- 4) Radon Prevention Education

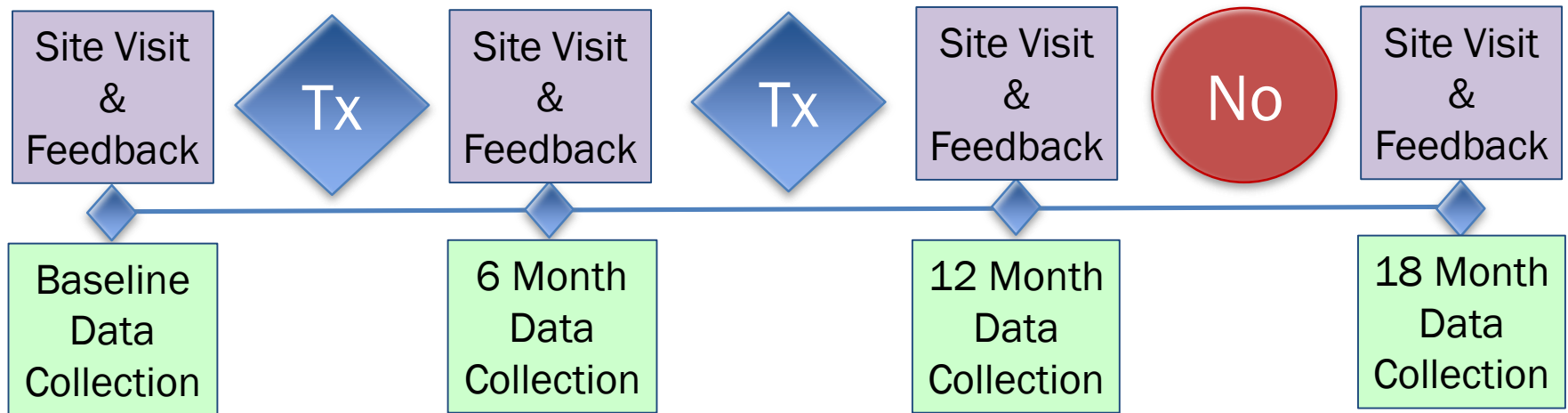
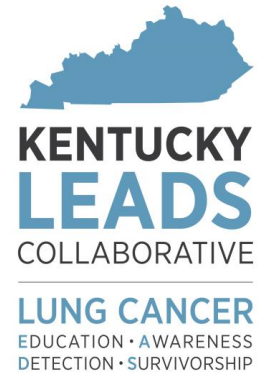
5) Patient Education, Counseling and Support

- 1) Shared Decision Making
- 2) Engagement and Retention Methods

6) Community Outreach

- 1) Responsible Marketing/Outreach
- 2) Provider Outreach

Kentucky LEADS Collaborative Prevention & Early Detection Study Schematic



Data Sources for Evaluation

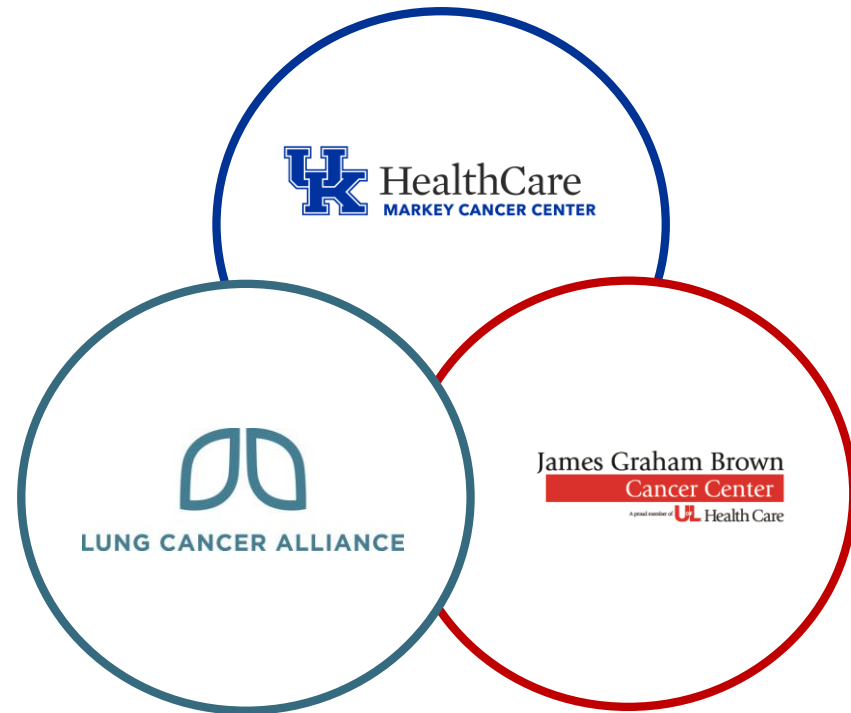
- 1) Team Member Interviews (Structured and Semi-Structured)
- 2) Program Surveys (Standardized IS Instruments)
- 3) Program Database Extraction (Enhanced Common Database)

Results (Ongoing)

- Number of sites open
 - 8 sites with active accrual
 - TV Commercials, provided by LCA, beginning airing by 18MAY
- Number of participants enrolled (LCSP Members)
 - 37 study subjects
- Number of patients reported in AspenLUNG database
 - Over 250 patient data reporting
- Access to Study Resource Portal
 - More than 50 participants pursuing education/resources
- Preparing for QUILS feedback score and recommendations
 - Developing structured reports to sites
 - Links to the Study Resource Portal
 - Recommendations for improvement
 - First Reports will be in Late June

Conclusions

- Very long process
- Trial (finally) launched in December
- Preliminary/baseline results next year



Thank You

- Bristol-Myers Squibb Foundation
- National Cancer Institute
- Kentucky Lung Cancer Research Program
- University of Kentucky Markey Cancer Center

