Improving Lung Cancer Screening Rates in Two Safety Net Community Health Centers

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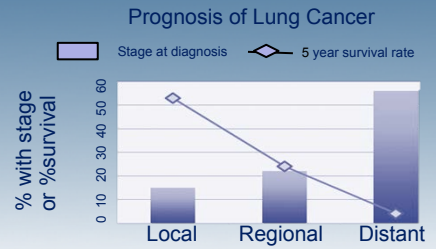
Introduction

Lung Cancer leading cause of cancer-related mortality

- 160,000 annual deaths
- Exceeds deaths due to colorectal, breast, prostate and pancreatic cancers ***combined***



National Lung Cancer Screening Trial (NLST)

Screening conducted at 33 sites in US 2002-2007
55,434 participants

Randomized, controlled trial comparing low dose CT scans (LDCT) to chest radiograph (CXR) annually for 3 years in high risk population

Powered to detect ***20% reduction*** in lung cancer specific mortality, detecting lung cancer at earlier stages

LDCT Lung Cancer Screening Coverage

- CMS approval 2-5-15
- ACA requires *private* insurance coverage without cost-sharing

Opportunity

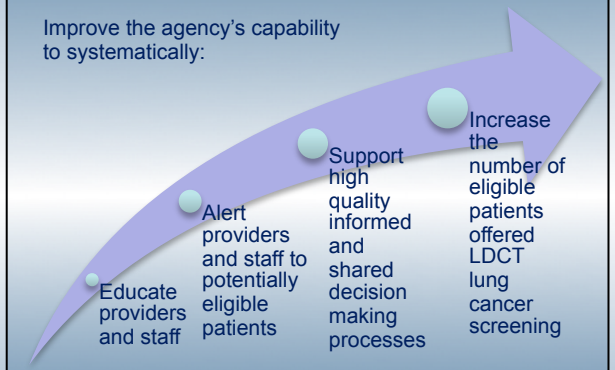
- Implementation has been limited, as low as 12%
- Perceived barriers:
  - Lack of knowledge of guidelines
  - Lack of resources

The Project

Piloting a quality improvement initiative to implement the CMS LDCT lung cancer screening guidelines in two Northeast Kansas safety net community health centers providing care for the medically underserved.

Project Aims

Improve the agency's capability to systematically:



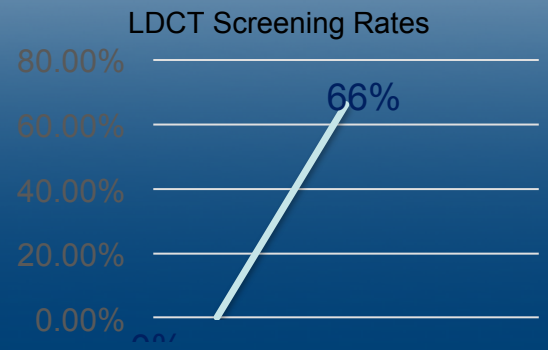
Methods

- Pre intervention retrospective chart audit
  - Zero LDCT offered in previous 8 months
- Pre-test
- Educational Intervention
  - Immediately following pre test
  - Face to Face Educational Seminar
- Post-test
  - Immediately following seminar
- Printed resources
  - Pocket information cards
  - Waiting/Exam room posters/Patient Brochures
- Structured data set in HER
  - Eligibility criteria
- Post Intervention Chart Audit

Outcomes

- ✓ Educate Providers and Staff
  - ✓ Improvement from pre-test to post-test
- ✓ Alert Providers and staff to potentially eligible patients
  - ✓ Structured data set in EHR
  - ✓ Smoking status screening 100%
- ✓ Support High Quality Decision Making
  - ✓ 100% Utilization of Pocket Cards
  - ✓ Identify risks and benefits of LDCT
  - ✓ Identify correct diagnostic and billing codes

- ✓ **Increase the number of eligible patients offered LDCT lung cancer screening**



Conclusions

Implications

- There is real opportunity to improve the quality of care provided to patients at high risk for lung cancer, enhance their quality of life, and improve their chances of survival.

- Transferable
- Simple
- Low-cost

Limitations

- Without the use of a comparison group beyond the self-reported practices of the previous year, and the small sample size, there are limitations with respect to generalizability of the findings.

Sustainability/Next Steps

- Imbed Best Practice Advisory in EHR
- Increased Marketing efforts to include:
  - Patient recruitment letters
  - Include the information on the agency's website and social media pages
  - Increase visibility of the patent information in the waiting room

Next Steps

- Package the materials used in the project into a toolkit and replicate in other Safety Net Clinics.

Future Research

- Which informational paths were viewed as being the most effective in encouraging providers to offer LDCT
- What are the barriers to patients completing LDCT

References available upon request

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