

GO₂ Foundation Screening Centers of Excellence:

Insights from Annual Survey

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Disclosures

- I have no financial relationships to disclose.

Objectives

- To articulate at least two ways screening programs within the Screening Centers of Excellence (SCOPE) network are demonstrating successful community level screening implementation.
- To identify at least two strategies screening programs in the SCOPE network are using to address common implementation challenges.

A Decade To SCREENING

Working For Those At Risk

2005

VOICE OF AT RISK
Lung Cancer Alliance makes screening for high risk a priority.

2006

RESEARCH
Landmark study in New England Journal of Medicine finds CT screening detects lung cancer early, when curable.

2010

VALIDATION
NCI halts NLST; concludes CT screening can reduce mortality by 20%.

MILLIMAN I
Actuarial study comparing early and late stage lung cancer.

2011

GUIDANCE
NCCN releases first clinical guidelines for lung cancer screening.

2012

IMPLEMENTATION
LCA develops National Framework for Screening. Begins identifying Screening Centers.

MILLIMAN II
Actuarial study showing cost benefit of lung cancer screening.

NO ONE DESERVES TO DIE
National stigma awareness campaign.

2013

RECOMMENDATION
USPSTF recommends lung cancer screening for high risk; insurance must cover before end of 2015.

MILLIMAN III
Actuarial study showing benefits of smoking cessation incorporation with screening programs.

LIVE MORE MOMENTS
National screening awareness campaign.

2014

MILLIMAN IV
Actuarial study showing lung cancer screening is cost effective and saves lives for high risk Medicare beneficiaries.

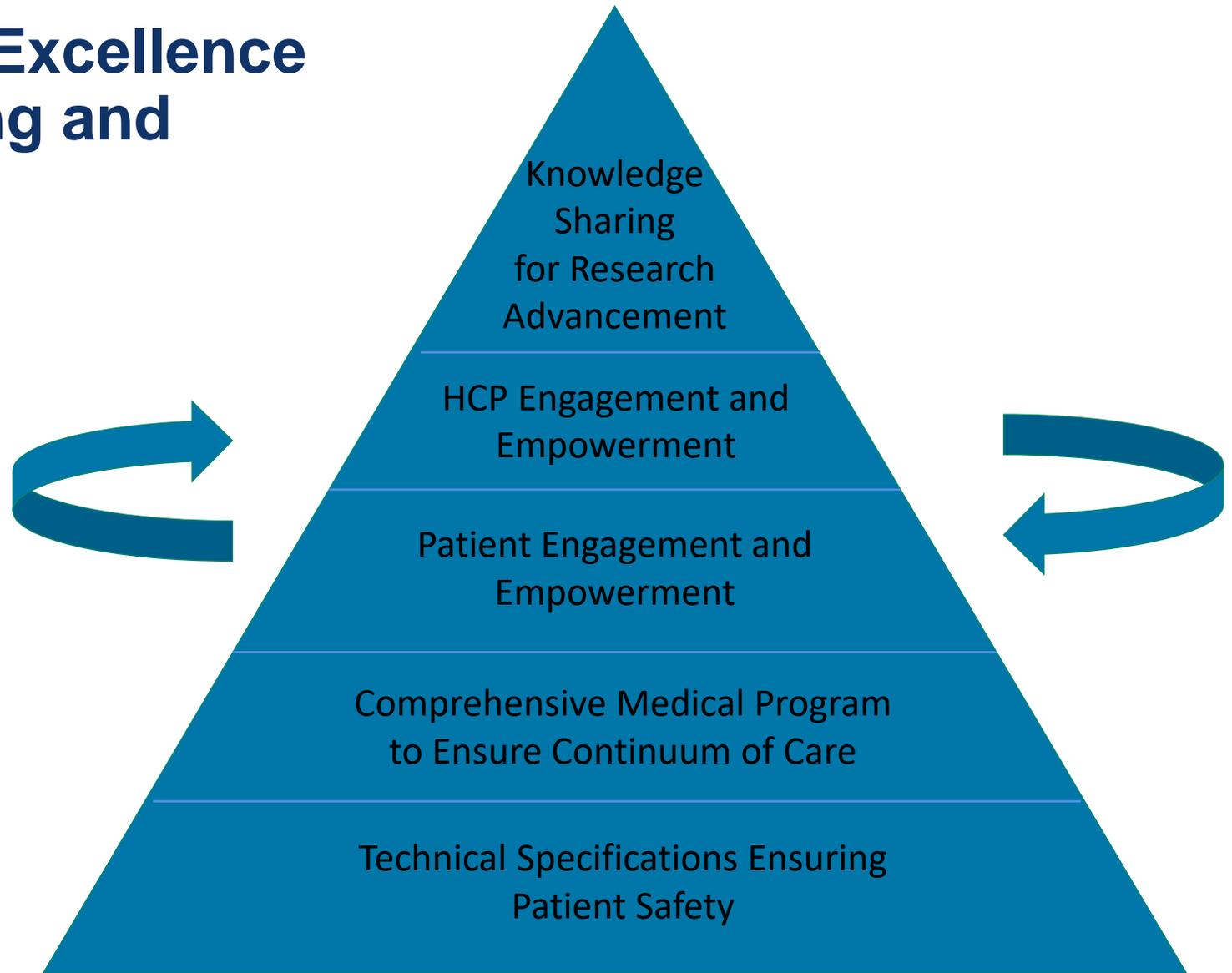
2015

COVERAGE
Medicare agrees to coverage for at risk seniors; 10M at risk >55 now covered.

National Framework for Excellence in Lung Cancer Screening and Continuum of Care

Declaration of Purpose:

Lung Cancer kills more Americans than the next four leading cancers combined, including breast and prostate cancers. However, now there is scientific validation that screening those at high risk with low-dose CT scans can save tens of thousands of lives a year and at lower cost for each life saved than other cancer screening methods if it is carried out safely, efficiently and equitably. **Achieving this goal will require a well-informed public, the support of medical professionals, researchers and industry, and their commitment to continuously refine best practices in screening and the continuum of care as advances in imaging, risk assessment, biomarker testing and treatment are validated.**

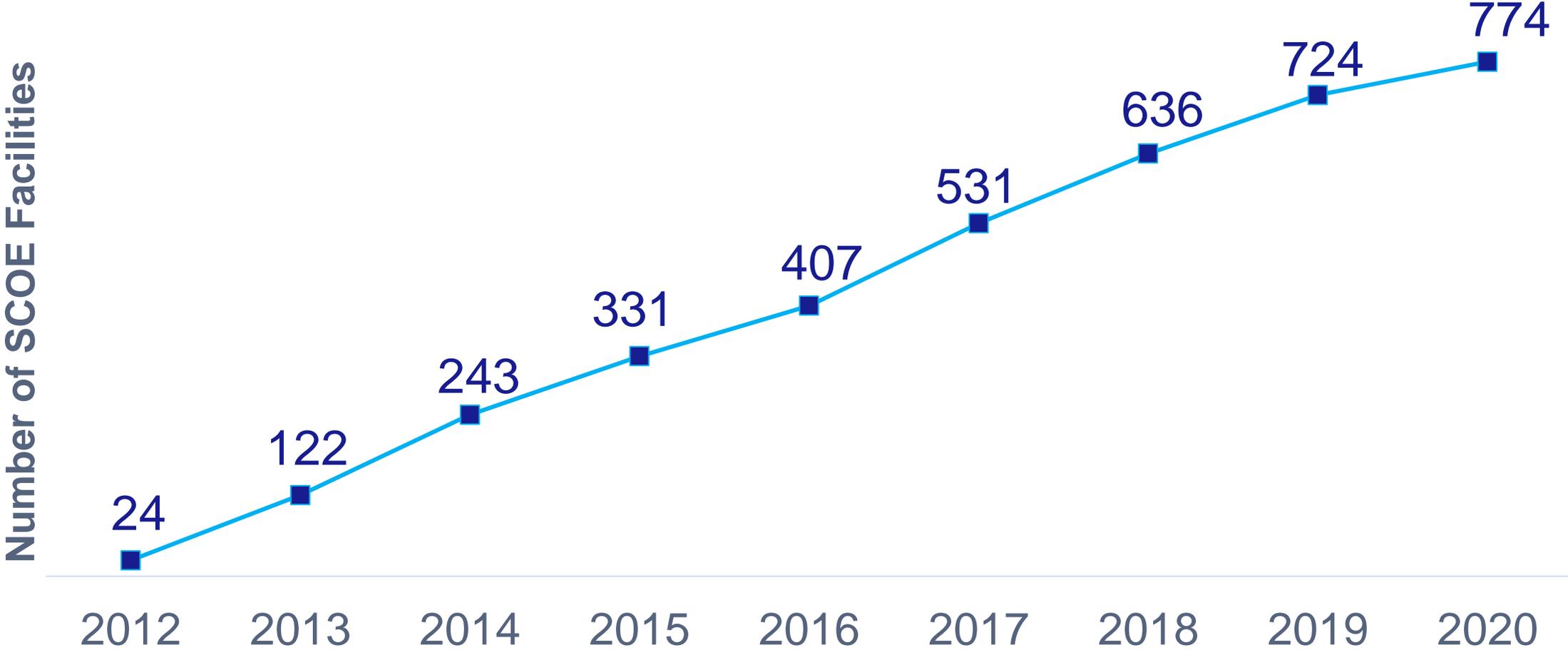


Screening Center of Excellence Designation

Requirements

- Provide clear information on risks and benefits through shared decision-making process.
- Comply with best published practices for controlling screening quality, radiation dose and diagnostic procedures.
- Work with a lung cancer multidisciplinary clinical team to carry out coordinated process for screening, follow up and treatment when appropriate.
- Include comprehensive cessation program for those still smoking or refer to comprehensive cessation programs.
- Report results to those screened and their primary care doctors and transmit requested copies in a timely manner.
- Have received or intend to receive designation as a lung cancer screening program through the American College of Radiology.

Screening Centers of Excellence Network Experiences Steady Growth



Screening Center of Excellence Annual Survey

Journal of Oncology Practice®

An American Society of Clinical Oncology Journal

☰ MENU



 Article Tools

Effectiveness of Lung Cancer Screening Implementation in the Community Setting in the United States

[Amy Copeland](#), MPH¹; [Angela Criswell](#), MA¹; [Andrew Ciupek](#), PhD¹; and [Jennifer C. King](#), PhD¹



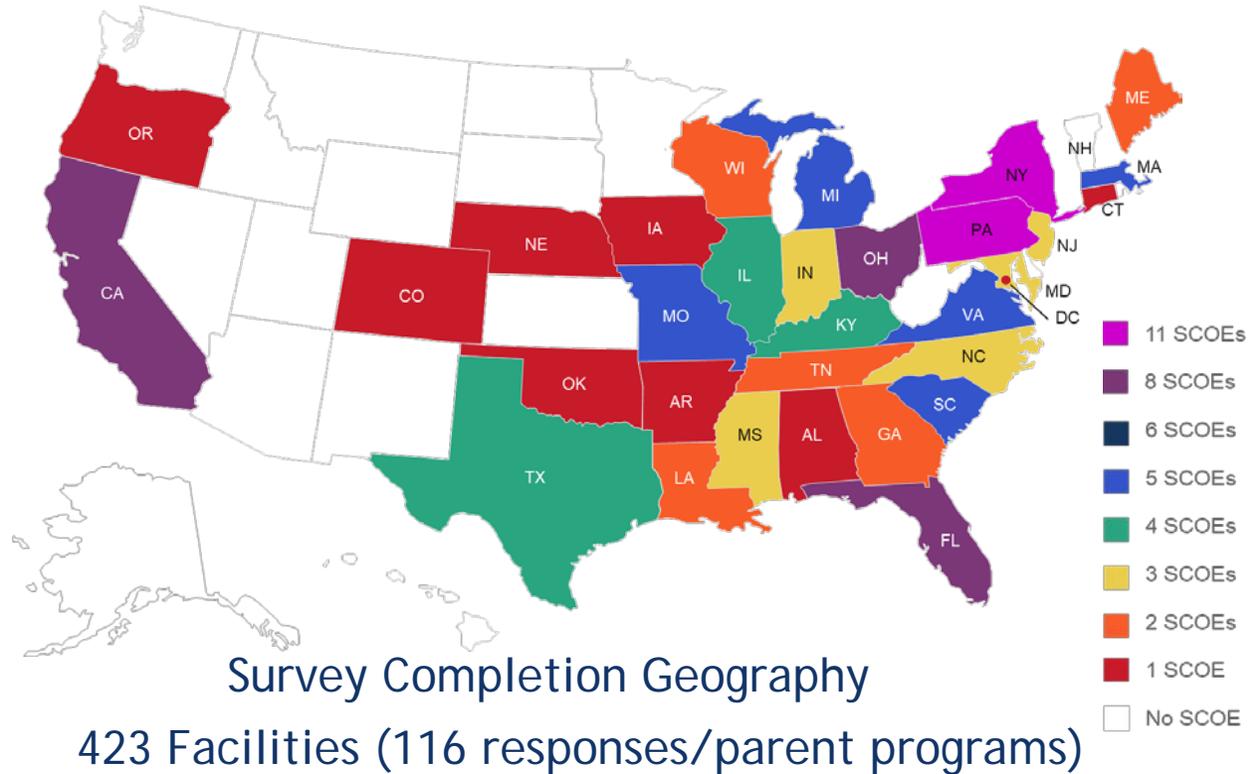
Impact Study: More than Half of SCOE Facilities Represented

Survey Program Practice Settings



SCOE Network Geography

749 Facilities (349 parent programs)



Survey Completion Geography

423 Facilities (116 responses/parent programs)

Increasing Patient Volumes Leads to More Early Stage Diagnoses



125,190
Total individual patients screened in 2019

726
Median # patients screened per program in 2019



1,988
Total lung cancer diagnoses in 2019

1.6% detection rate among patients screened

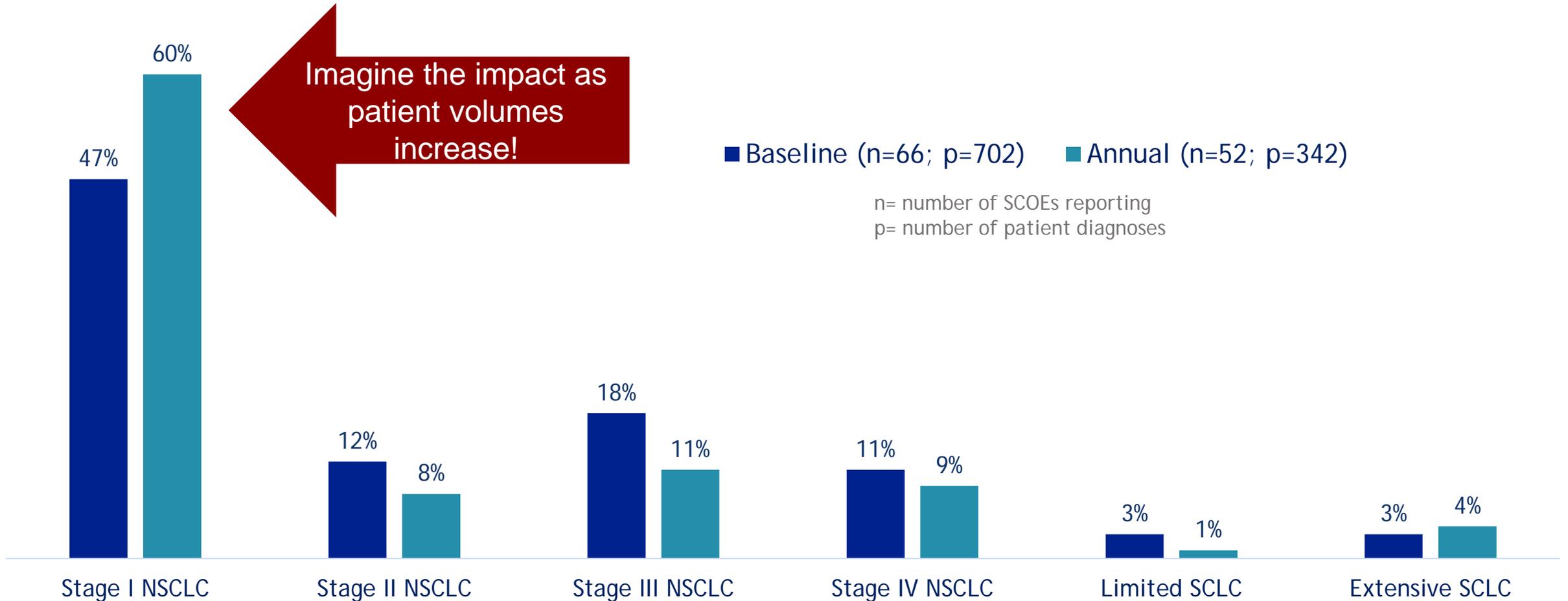
34%
Increase in patient volume, 2018 to 2019, for programs completing both waves.

51%
Stage 1 lung cancers, among programs reporting their stage breakdown for 2019

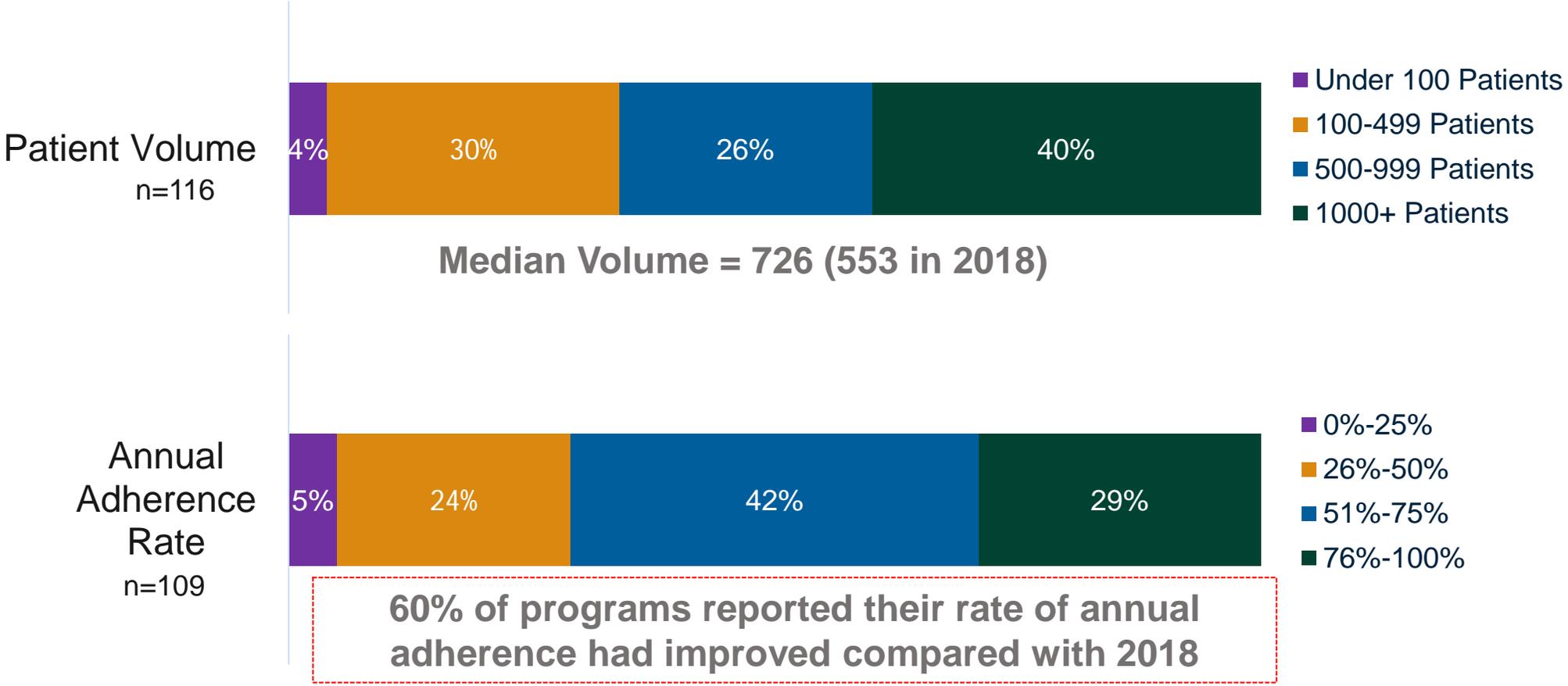
Patient Volume Based on Practice Setting



Success Story: Life-Saving Stage Shift, Annual Adherence is Vital



Patient Uptake and Adherence Are Improving



Patient and Provider Outreach are Vital for Improved Adherence



Provider Education and Advertising

“Increased provider outreach and education including a report distributed quarterly by the lung screening team to PCPs detailing their number of eligible patients vs. patients ordered and completed lung screening. We stepped up our outreach visits to PCP offices where we were able to discuss lung cancer screening and distribute new marketing materials. Increased patient education and outreach through hospital websites, collaboration with local news stations who aired interviews with members of our lung screening team, presence at county fairs and events in our service area to distribute lung cancer screening education.”



Patient Education

“As lung navigator, I started meeting with patients prior to their screening. During this brief meeting, I stressed the importance of adherence. Our facility started sending out reminder letters to patients.”



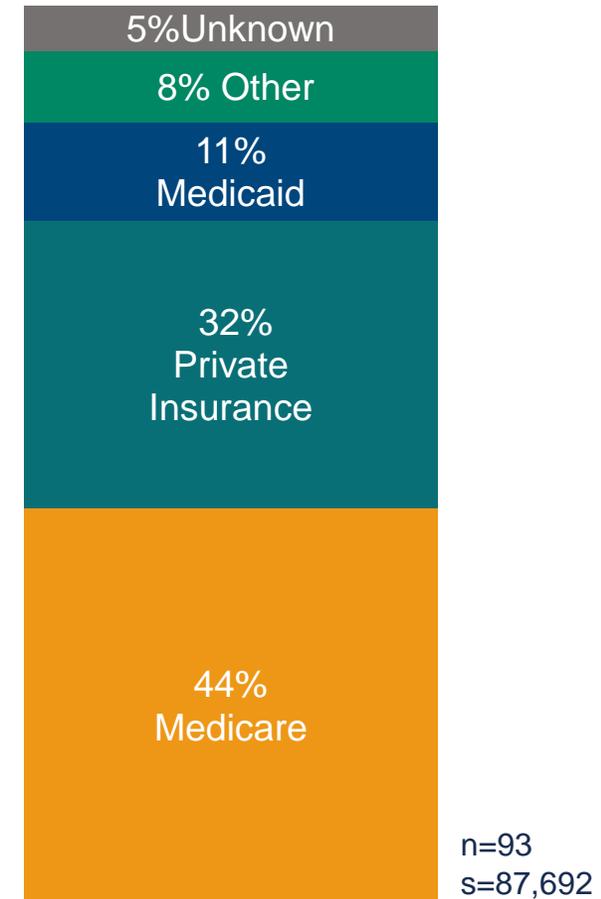
Dedicated Staff

“Dedicated staff for follow up and physician/patients were better informed as to follow up process.”

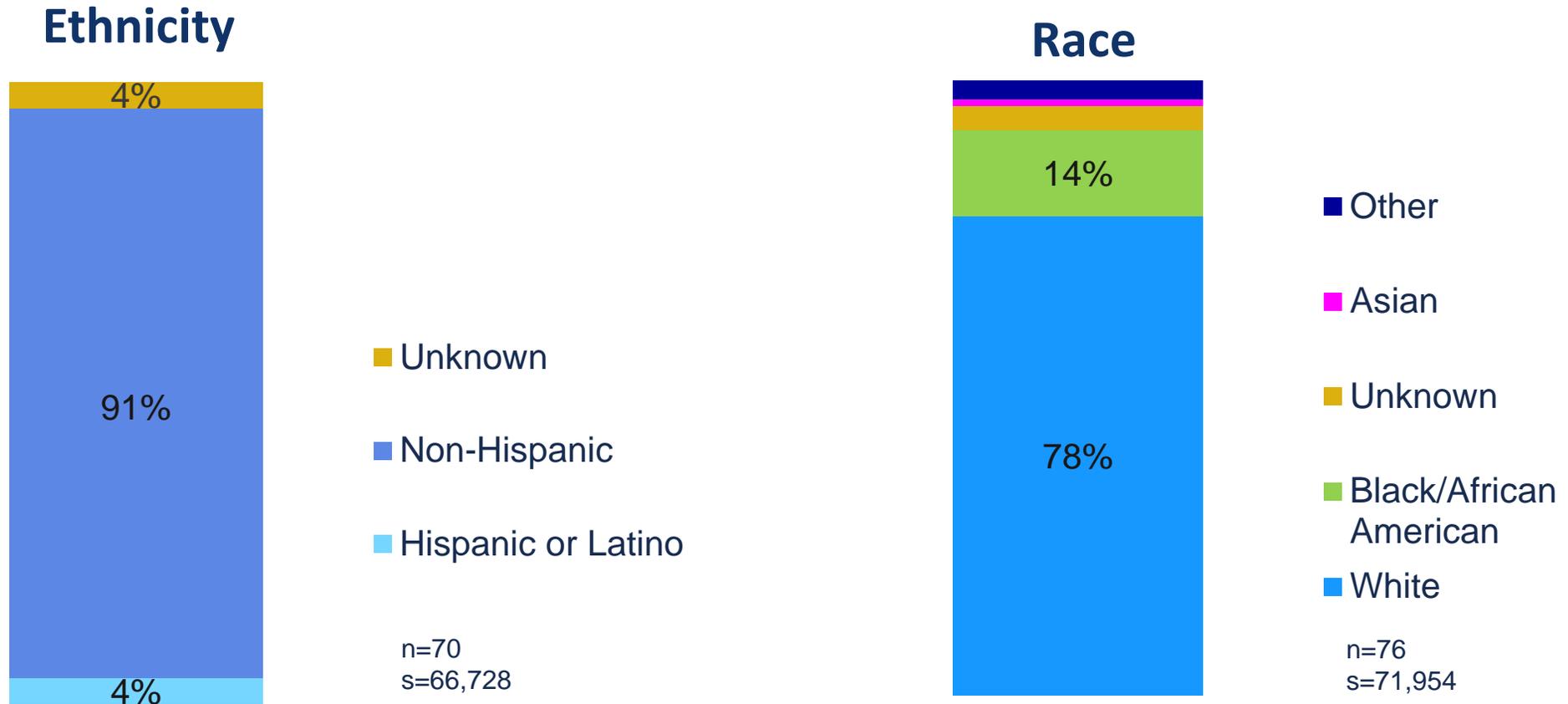
Who is Being Screened?

- 55% of programs report screening **only patients who meet CMS or USPSTF criteria.**
- 40% of programs also screened **NCCN Group 2 patients.**
- 10% reported screening patients with **occupational or environmental risk factors.**
- 22 lung cancer diagnoses were reported for patients under these additional program criteria

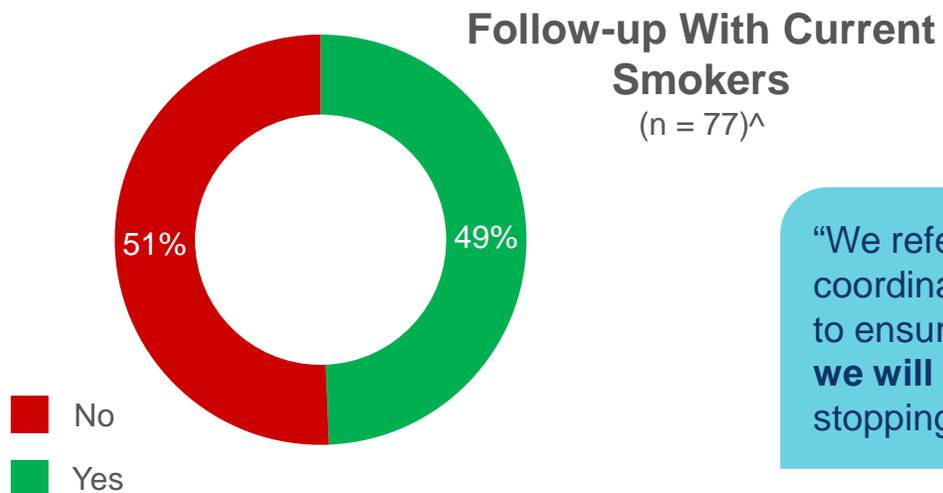
Insurance Type



Racial and Ethnic Minorities are Underserved



Cessation



“We refer patients to nonprofit group for cessation counseling. We don’t follow-up to find out quit rate...we just don’t have a process in place.”

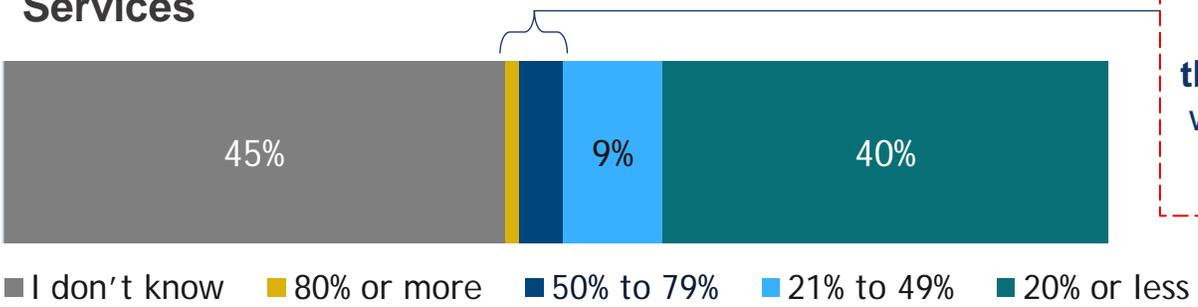
“We currently mail Quitline brochures to the patient and offer **assistance in contacting the Quitline**. We also have a **CTTS certified therapist** if the patient agrees.”

“We refer all to our smoking cessation classes and will coordinate it for them. However, we do not call them to ensure that they have attended. **At the next visit we will educate them again** on the importance of stopping smoking.”

“No bandwidth to follow up.”

“Most do not want to quit and do not answer the call or call back.”

Percent of Current Smokers Utilizing Cessation Services



Only 6% of centers recorded that **more than half** their patients who smoke leveraged cessation services.

“We offer free NRT and [onsite] quit counseling [with] strong uptake. Close follow-up during their quitting process has helped maintain interest levels. An onsite provider [to] write prescriptions has proven vital to getting patients [Rx] cessation medications.”

Shared Decision-Making—A Range of Experiences and Reactions

66% of programs require SDM of all screening patients, regardless of payer type or baseline/repeat annual status.



“This is where **relationship is built**...it helps us tremendously with **compliance** going forward.”

While PCP is the sole or primary performer of SDM for most programs, 32% of them have a member of their screening team that provides and bills for SDM.



34% of those repeat SDM even when documented by the referring provider.

“...while a provider might document that they completed the SDM, it was **rarely done as intended** by CMS.”

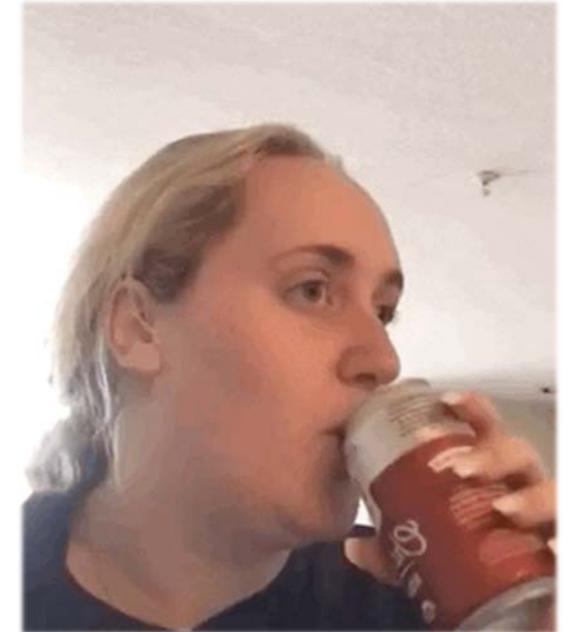
...”a very important part of the screening process [that is] **best done by the screening center.**”

“I wish that it was not required.”

“Most patients appreciate it.”

“[It] should always be done, but...CMS **rigid requirements** [are] a **serious barrier** to screening.”

“The information conveyed is vitally important but the documentation requirements are onerous. [Remove them] and **screening rates would increase significantly.**”



GO₂ Foundation Resources

Patient Education Video:

To help inform eligible patients of the risks and benefits of low dose CT lung cancer screening and encourage screening conversations between providers and patients.

- Just over 4 minutes long.
- Easy to understand messaging to help with the complexities of informed patient dialogue.
- Accompanying “Understanding Lung Cancer” brochure—email materials@go2foundation.org for free limited quantities.
- Spanish and Simplified Chinese sub-titles (video) and translation (brochure) also available.



Understanding NODULES

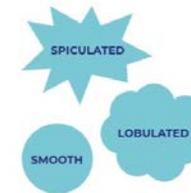
What are lung nodules?

Abnormal spots that may show up on your lung cancer screening scan or other imaging test. Nodules are also called lesions, coin lesions, growths or solitary pulmonary nodules.

AT LEAST 50% OF PEOPLE HAVE LUNG NODULES BY AGE 50.
95% OF LUNG NODULES ARE NOT CANCER.

NODULE FEATURES

MARGIN



The margin is where the nodule is in contact with normal lung tissue. The margins of many cancers are uneven, look spiky and are described as "spiculated". Most nodules that are not cancer have smooth or rounded margins or look like several rounded nodules together (also called "lobulated").

DENSITY

Density describes how compact a substance like bone or tissue appears on an image. A nodule has a range of densities depending on what it is made of. Regardless of whether a nodule is cancer or not, it appears grey on a CT scan. Some nodules contain deposits of calcium, which makes them look white like bone. These calcified nodules are less likely to be cancer.

GO₂ FOUNDATION
FOR LUNG CANCER

Screening Education Resources

What is lung cancer screening?



Lung cancer screening should only be done at a center that knows how to do it, like a GO₂ Foundation for Lung Cancer Screening Center of Excellence.

Contact GO₂ Foundation for Lung Cancer to learn more about screening and find out where to get a low-dose CT scan.

- Toll-free Helpline at 1-800-298-2436
- Website at go2foundation.org
- Email support@go2foundation.org



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What is screening?

Screening checks to see if there is disease in people who do not have symptoms.

What is lung cancer screening?

Lung cancer screening can find lung cancer early, when it can be more easy to treat and may be cured.

WHY QUIT NOW?

A resource for those at high risk for lung cancer

GO₂ FOUNDATION
FOR LUNG CANCER

1-800-298-2436 | go2foundation.org

Lung Cancer Screening:



Uses a low dose CT scan



Takes about 15 minutes



Uses no needles

Medicare and most private insurance pays for lung cancer screening. Medicaid also covers screening in SOME states.

Is Lung Cancer Screening Right For You?

Are you **55 YEARS** or older?

AND



Do you smoke now? Or, if you quit, it was in the last 15 years?

AND



Smoke (or you did smoke) a lot, such as at least 1 pack a day for 30 years OR at least 2 packs a day for 15 years

If you can say yes to all of these, you may be able to get a scan.

Other Things To Know

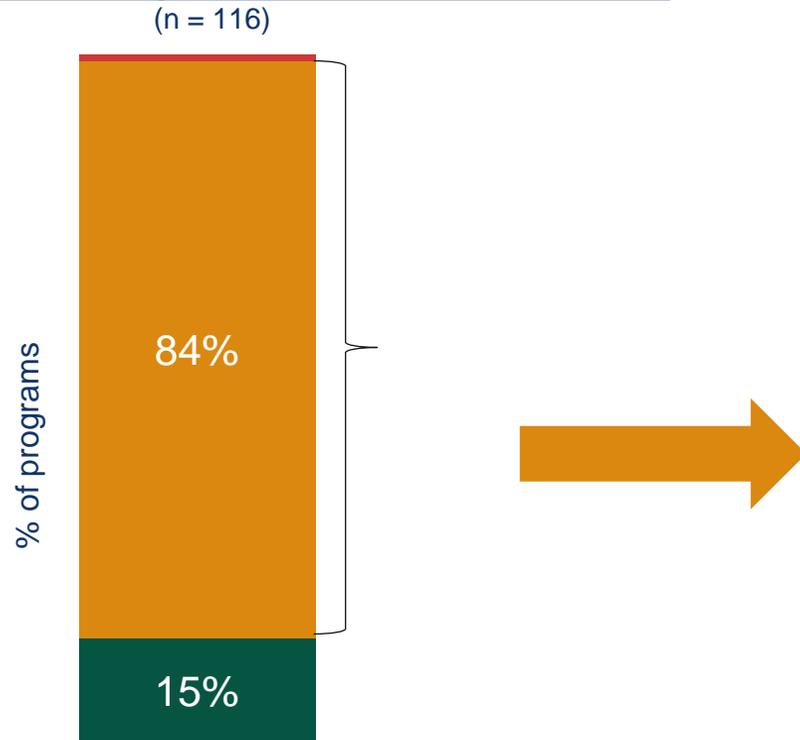
- For most people, screening is done once a year.
- Screening might find spots in the lung, called nodules.
- Like with skin moles, most lung nodules are not cancer and will never become lung cancer.
- Also like moles, it is a good idea to watch nodules over time to see if they grow or change.

Talk to a doctor to see if screening is right for you.

You will need a written order to get a scan.

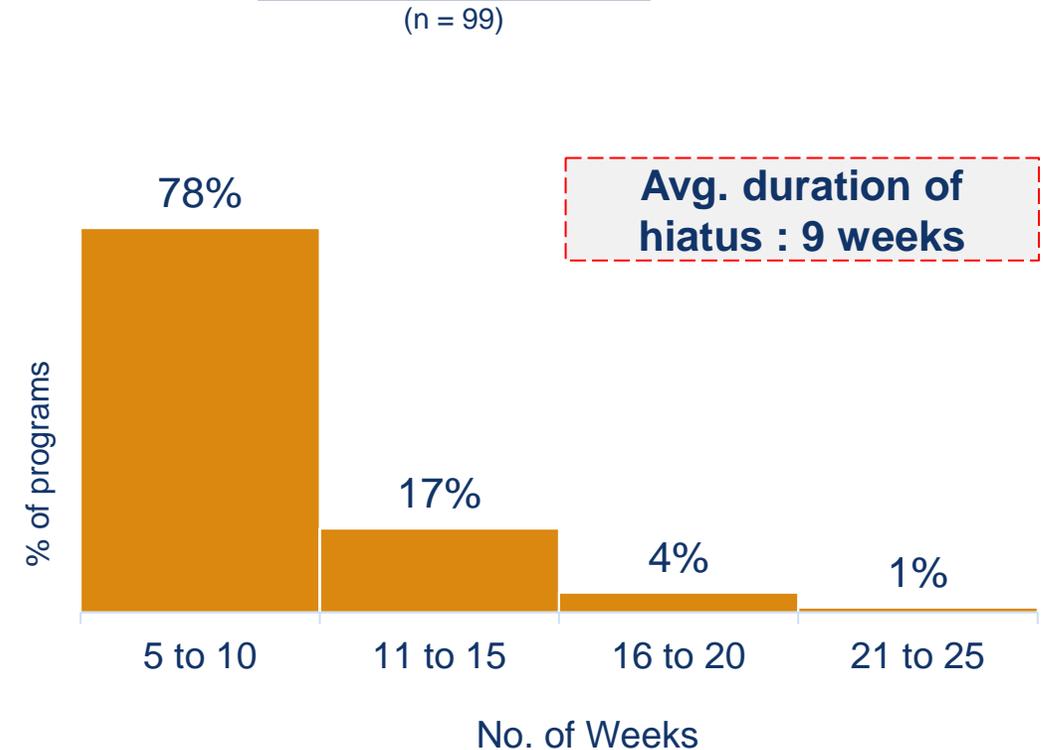
Then: Majority of Lung Cancer Screening Programs Significantly Disrupted

Hiatus Status During the COVID-19 Pandemic



- My screening program is still on hiatus due to the COVID-19 pandemic
- Yes, my screening program was on hiatus during the COVID-19 pandemic
- No, my screening program was not on hiatus during the COVID-19 pandemic

Duration of Hiatus[^]

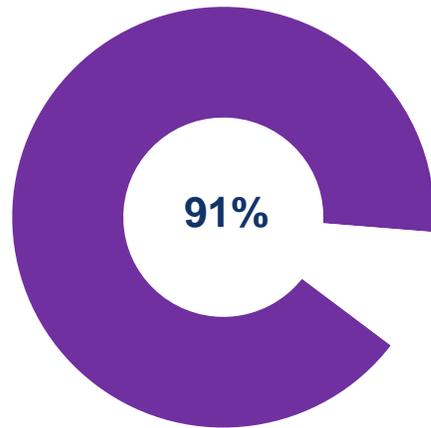


[^] Asked only to programs that were on hiatus or still are on hiatus

Now: Majority of Screening Programs Meeting or Exceeding Pre-COVID-19 Screening Volumes

Program Capacity vs pre-COVID-19 Levels[^]

(n = 115)

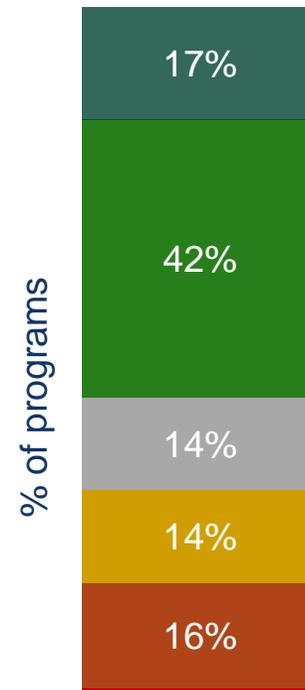


% of programs

■ Yes

Anticipated Timing for Return to pre-COVID Screening Volumes

(n = 116)

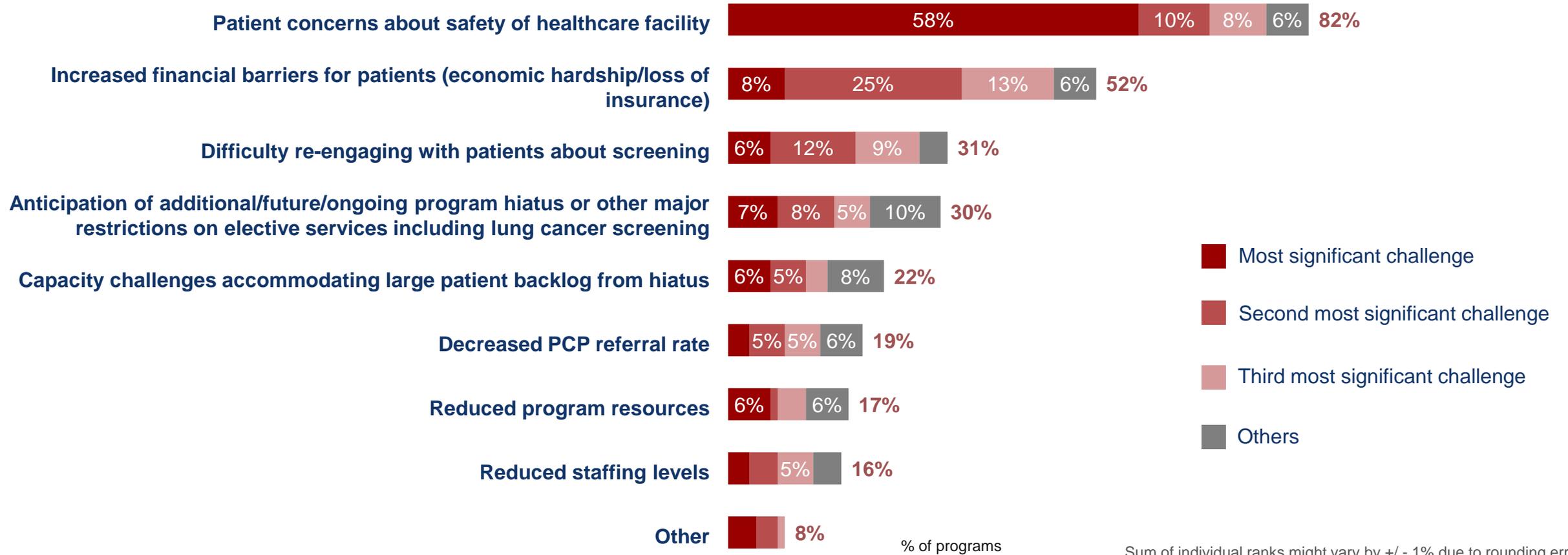


- Our monthly screening volumes during the COVID-19 pandemic are exceeding pre-COVID-19 rates
- Our monthly screening volumes during the COVID-19 pandemic are already comparable to pre-COVID-19 screening volumes
- We expect to see pre-COVID-19 monthly screening volumes within three months
- We expect to see pre-COVID-19 monthly screening volumes by the end of 2020
- We expect our screening volume to remain low throughout the COVID-19 pandemic
- We haven't yet resumed screening

Biggest Challenge: Patient Concerns About Safety

Challenges Faced by Programs in Rebuilding / Restoring Screening Volumes to Pre COVID -19 Levels

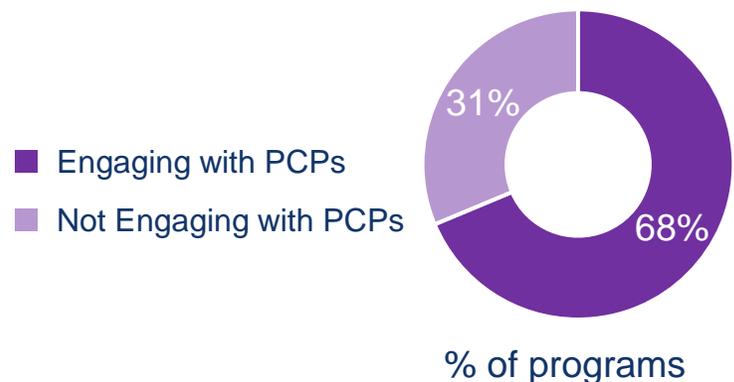
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68% of SCOE programs were proactively engaging with PCPs for getting more patient referrals

Engagement With PCPs for Patient Referrals

(n = 116)



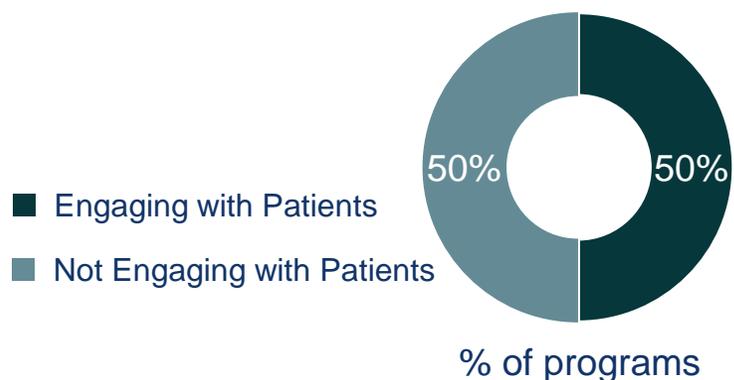
“The nurse navigator sent a personalized formal letter via U.S. mail to community PCP’s & other MD’s that did elaborate the value of lung screenings during the pandemic; included were references to a few professional journal articles to support this best practice. The impact is still unknown at this time.”



*“We are **scheduling a date to go to each primary care providers office and speak of the lung screening program.** Let them know it has resumed. We can do telehealth shared decision makings. We have also sent out email communications.”*

Engagement With Patients

(n = 116)



“A personalized letter is sent via U.S. mail to the patient reminding them that their annual lung screening is due or that their PCP is recommending the lung screening. Included is educational material about the value of lung screening. In addition, information is provided about the current safety COVID-19 guidelines at our facility.”

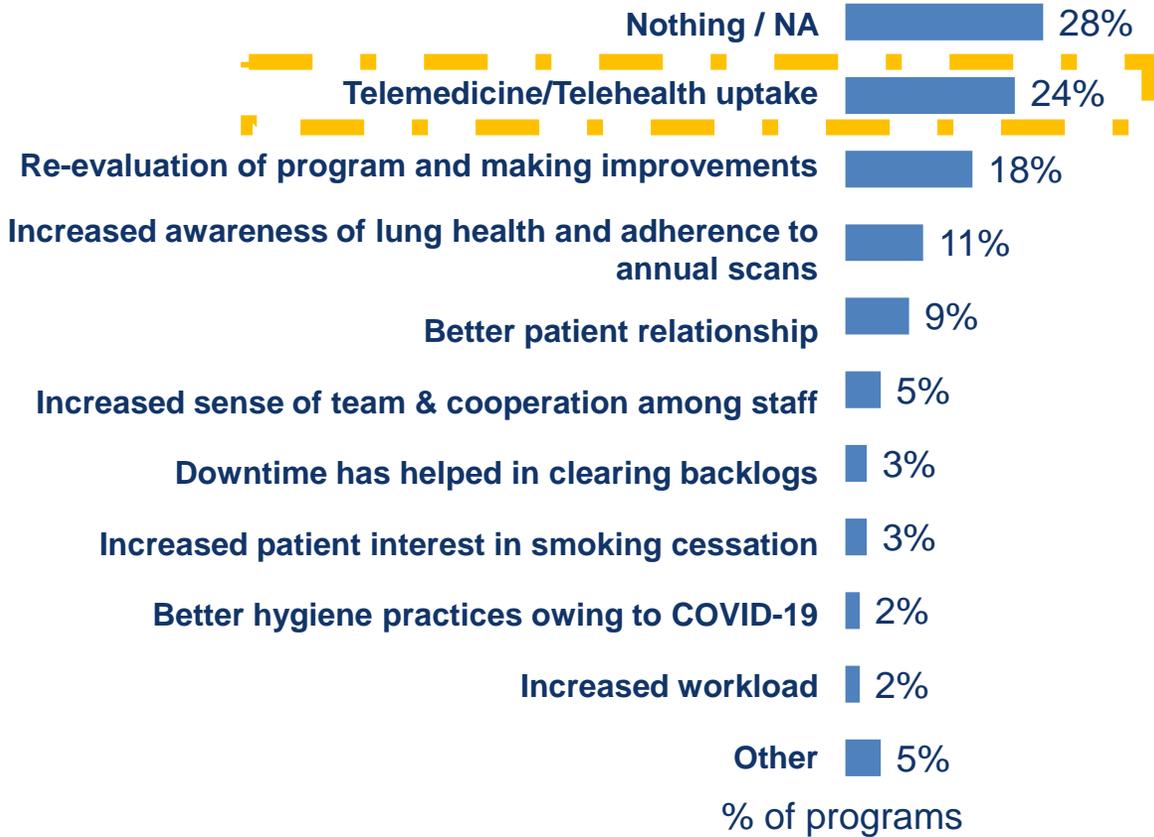


*“Ads in our local newspaper, although we appear to receive the bulk of inquiries from people who **searched online and came across our website.**”*

Telemedicine / Telehealth: Pandemic Silver Lining

Silver Linings due to COVID -19

(n = 116)



Telehealth

“We are having an increase in accessibility to patients who would never come to the Lung screening clinic **by doing the Telehealth.**”



Telehealth

“**Telehealth visits** - being able to adapt to telehealth has allowed us to engage with our patients for shared decision-making visits.”



Reduce Backlogs

“We had an opportunity to work up old schedule lists and **get those who had orders placed but not acted on onto the books.**”



Patient Relationship

“Increased opportunity to **build trust with the patient and PCP.**”



Program Improvements

“Prioritization and collaboration to come up with **unique ways to re-engage the public about their health** and who to get in for care first with limited resources.”



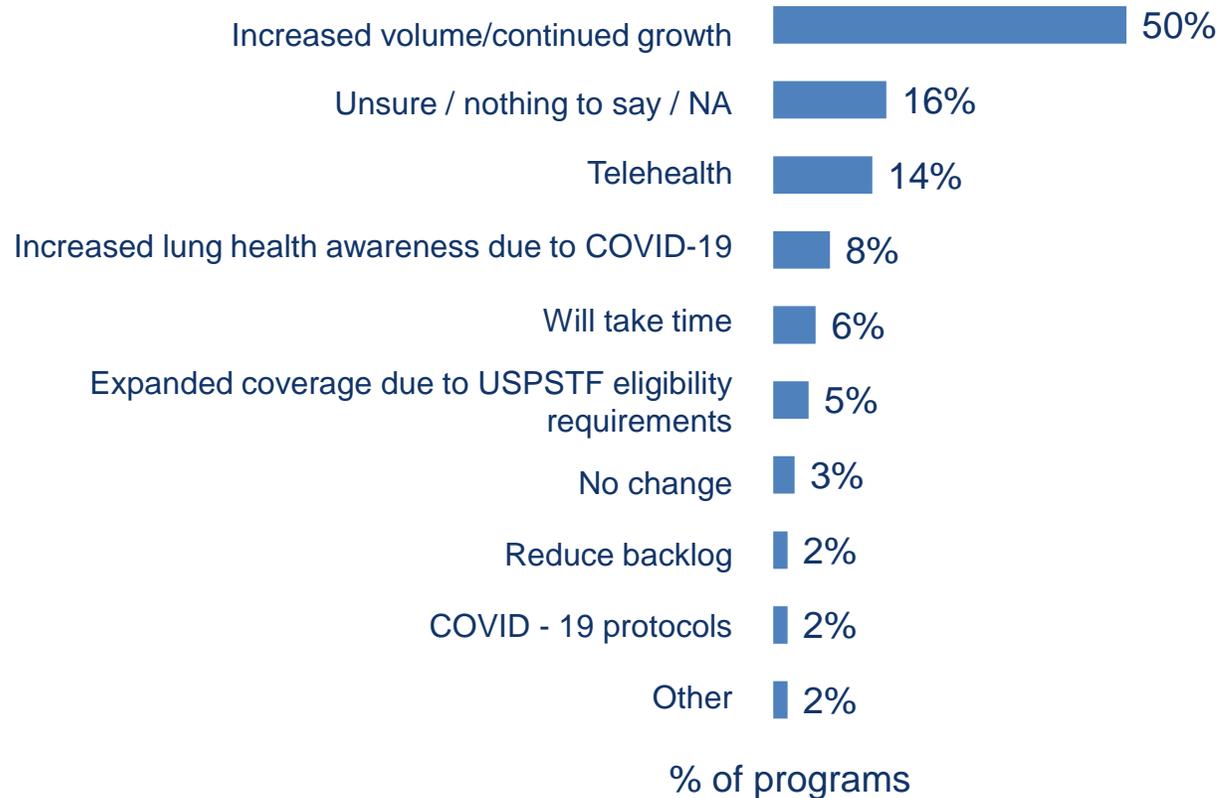
Patient Relationship

“Increase in **patient interest in smoking cessation.**”

Higher Volumes / Continued Growth Anticipated Post-COVID

Future of Lung Cancer Screening and Early Detection Post-COVID (Unaided)

(n = 116)



Community Education

“If one considers that COVID-19 affects the lungs and lung health it makes sense that lung screening and tobacco cessation will be brought to the forefront now and for many years to come. Public awareness will shift from this current crisis mode to "what can I do personally to improve my overall health". We will once again educate our community through on-site lectures about the benefits of lung screening for overall health and improved outcomes if cancer is discovered.”



Continued Growth

“We anticipate that our program will continue to grow as more providers and patients learn the value of CT lung cancer screening for early detection. We will have an advisory for providers alerting them of patients who meet eligibility criteria implemented in our EMR very soon.”



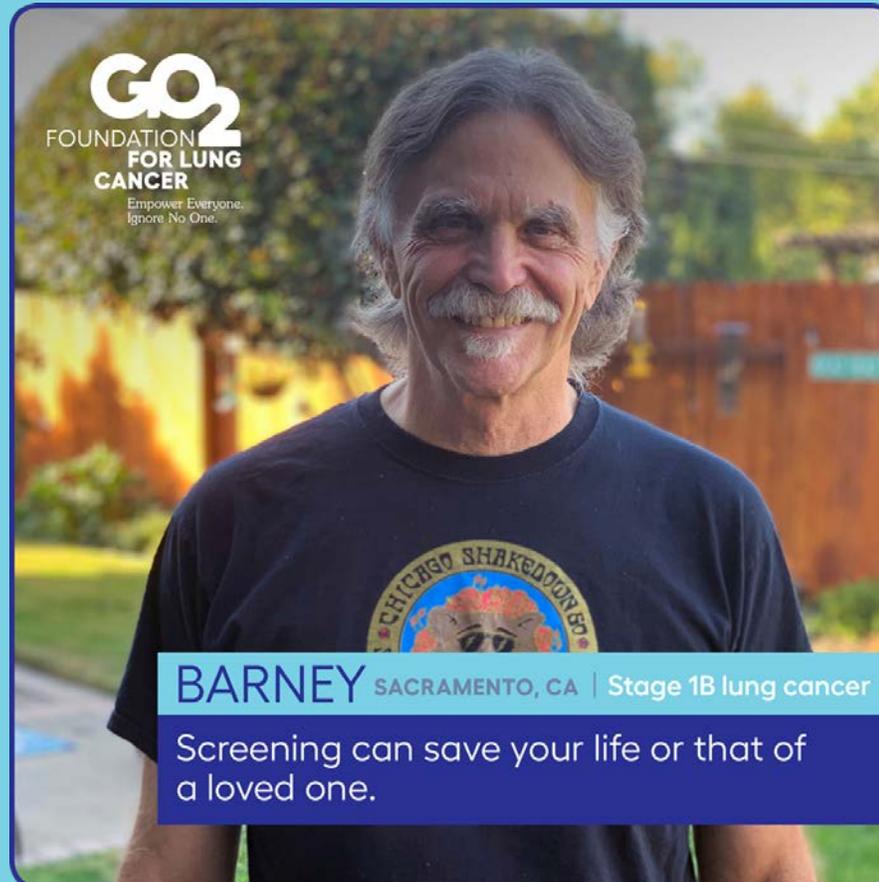
Awareness

“I think more people will start to pay more attention to preventative medicine and look at their risk factors more now than they did prior to COVID.”

LUNG CANCER: It's Personal

GO₂
FOUNDATION
FOR LUNG
CANCER

Empower Everyone.
Ignore No One.



BARNEY SACRAMENTO, CA | Stage 1B lung cancer

Screening can save your life or that of
a loved one.

Thank You!

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