Prevention and Early Detection of Lung Cancer

MPRO’s Michigan Cancer Control Initiative

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Who is MPRO?

**QUALITY IMPROVEMENT**
Evidence based, data-driven quality improvement insights

**REVIEW SERVICES**
Thoughtful, impartial utilization review and dispute resolution services

**CONSULTING SERVICES**
Innovative problem solving solutions and technical assistance

“HELPING HEALTHCARE GET BETTER”
Why should we talk to patients about lung cancer screening?

A NEW SURVEY FROM THE AMERICAN LUNG ASSOCIATION’S LUNG FORCE REVEALS THAT AWARENESS OF BOTH LUNG CANCER AND LIFESAVING LUNG CANCER SCREENING IS CRITICALLY LOW

LUNG FORCE’S 4th annual Lung Health Barometer surveyed over 1,000 women and men to learn about their understanding of lung cancer and new methods of early detection.

Among high-risk current and former smokers, the survey revealed a low awareness of lung cancer screening:

- Only 15% are aware that screening for lung cancer is recommended and covered by Medicare and most healthcare plans at no cost.
- 84% of the high-risk population is unfamiliar with the only recommended lung cancer screening available – the low-dose CT scan.

Graphic from the American Lung Association:
U.S. Preventative Services Task Force Recommendation

Lung Cancer: Screening
Summary of Recommendation and Evidence

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Adults Aged 55-80, with a History of Smoking</td>
<td>The USPSTF recommends annual screening for lung cancer with LDCT in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery</td>
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Release Date: December 2013

As a result of NLST evidence, lung cancer screening with LDCT has been designated as a Grade B recommendation by USPSTF

Grade B = USPSTF recommends this service, there is moderate certainty that the benefit of this service is moderate to substantial
What is LCDT Lung Screening?

A low dose lung cancer screening is a non-contrast Cat Scan exam that is performed on patients who are at risk of developing lung cancer.
Accredited Facility Locations
OVERVIEW OF REFERRAL PROCESS
Eligibility Criteria for LDCT Lung Screening

To qualify for LDCT Lung Screening patients must meet the following criteria:

- 55 to 77 years of age
- Be asymptomatic
  - Meaning no signs or symptoms of lung cancer
- Have a tobacco smoking history of at least 30 pack-years
  - 1 pack-year = 1 pack per day for 1 year
  - 1 pack = 20 cigarettes
- Be a current smoker or have quit within the last 15 years
- Not have had a CT of the chest within the past year
Calculating Pack Years

Pack year calculator

Pack-years is a way to measure smoking intensity, taking into account how long you have smoked, and how much you have smoked. Currently, having 30 pack-years or more is one of the criteria that needs to be met to be recommended for screening.

1. For how many years have you smoked?
   15

2. On average, how many cigarettes did you smoke per day? There are 20 cigarettes in a pack.
   40

Calculate

Your smoking exposure is 30 pack-years.

- shouldiscreen.com
- smokingpackyears.com
A Note on Coverage

• Medicare coinsurance and Part B deductible are waived for this preventative service

• Medicare Patients will not have a financial responsibility for the counseling or lung cancer screening LDCT scan
Counseling and Shared Decision-Making Visit

Before the first lung cancer LDCT screening occurs, the patient must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision-making visit.

Counseling and Shared Decision-Making visits must include the following elements and be appropriately documented in the patient’s medical record.
Elements of a Counseling and Shared Decision-Making Visit

• Conducted by a physician or qualified non-physician practitioner

• Determination of patients’ eligibility for screening as stated above

• “Shared decision-making” includes:
  – Use of one or more decision aids
  – Benefits and harms of screening
  – Follow-up diagnostic testing
  – Over-diagnosis and treatment
MPRO’S MICHIGAN CANCER CONTROL INITIATIVE
Project Partners

CDC
Centers for Disease Control and Prevention

Michigan DHHS
Michigan Department of Health & Human Services

American Cancer Society®

Michigan Cancer Consortium
Your Michigan Cancer Information Resource

EIGHTYBY2018
Screening Saves Lives

MPRO
Initiative Objectives

Michigan Cancer Control Initiative

- Increasing Community Awareness for Early Detection
- Evidence-Based Interventions
- Personalized Technical Assistance
- Leveraging EHR and Data
- Provider and Community Education

Lung Cancer
Smoking Cessation
Lung Cancer Screening (LDCT) +10%
Smoking Prevalence in Michigan
Education for Providers

• Educate providers related to:
  – Procedure benefits and requirements
  – Benefits of LDCT vs. chest X-ray
  – Billing requirements
  – Ordering requirements
  – Tracking and monitoring eligible patients
  – Availability of smoking cessation programming
Patient Reminders

• Utilizing EHR
  – Targeted messaging through patient portals
  – Retrospective identification of eligible patients

• Updating current patient recall methods
  – Letters, emails, texting, widgit

Screen for Life, National Colorectal Cancer Action Campaign, CDC
Provider Reminders

- Utilizing EHR
  - Updating and implementing clinical decision support (CDS) and point-of-care alerts based on patient criteria
  - Implementing and refining practice-wide screening protocols

NCCN Clinical Practice Guidelines of Oncology, Lung Cancer Screening, 2016,
Resources & Small Media

- Updated screening recommendations
- Current news and legislation relating to cancer screening
- Financial assistance resources
- Provider- and patient-facing tools
  - Pack year calculator  
    (http://www.shouldiscreen.com/pack-year-calculator/)
Provider Assessment & Feedback

- Benchmark screening data on **multiple levels**:
  - Provider
  - Practice
  - Health System
  - All Participants

- Focus and **individualize technical assistance**
Program Partner Success

May 2016
Average of 3 to 4 patients per month

Today
Average of 14 patients per month
American Lung Association – Saved by the Scan
QUESTIONS?

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References