West Virginia Lung Cancer Project: Lessons Learned from the Field

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ACS Lung Cancer Roundtable
December 11, 2018
PAF professionals directly intervene on behalf of more than tens of thousands of patients annually, enabling them to access prescribed healthcare services and medications, overcome insurance barriers, locate resources to support cost-of-living expenses while in treatment, evaluate and maintain health insurance coverage and better manage, or reduce, the out-of-pocket medical debt associated with an illness.

**OUR MISSION**

Patient Advocate Foundation is a national 501(c)(3) organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of chronic, life threatening or debilitating diseases.
WV Lung Cancer CareLine
OPERATED BY PATIENT ADVOCATE FOUNDATION
AS PART OF THE WV LUNG CANCER PROJECT
PAF WV Lung Cancer Project Advisory Team: The Avengers

- WVU Cancer Institute- *Lead Partner*
- Aetna Better Health (*Medicaid Managed care provider*)
- American Cancer Society
- Mountains of Hope Cancer Coalition
- West Virginia Comprehensive Cancer Control Program
- West Virginia Hospital Association*
- West Virginia Tobacco Use Prevention Program*

*decreased funding for WV Tobacco Use Prevention Funding resulting in the elimination of the two staff positions represented on the WV Lung Cancer Advisory Council
Our Approach

Goals:
• Increased lung cancer screening among eligible Medicaid Managed Care beneficiaries
• Improved early diagnosis of lung cancer among low-income and limited resources individuals
• Increased access and adherence to lung cancer treatment
• Decreased lung cancer mortality

Intervention:
• To navigate Medicaid Managed Care Beneficiaries to lung cancer screenings, and where appropriate, lung cancer diagnosis.
• To establish a case management platform designed to support providers and patients with lung cancer.
• Link Medicaid Managed Care Beneficiaries with a confirmed diagnosis of lung cancer to comprehensive case management support to assist with overcoming logistical and financial barriers to treatment.

The Five P’s
• Patients-Those at risk for lung cancer and those currently in treatment.
• Payers'-Medicaid Managed Care Organizations (Aetna Better Health, Unicare, The Health Plan)
• Providers-Primary Care and LDCT Scan Screening Facilities
• Policy-What infrastructure needs to be in place to support lung cancer early detection, tobacco cessation, etc.?
• Public-General awareness about lung cancer screening for those who meet the guidelines
The West Virginia Lung Cancer Project was designed to serve as a model to highlight the importance of addressing non-clinical access to care barriers (i.e. transportation, cost of living expenses, time off work restrictions, etc.) and the need to address these barriers so that individuals at risk for lung cancer could take advantage of lung cancer screening and those diagnosed with lung cancer could fully adhere to lung cancer treatment.

Secondly, the program identified the potential benefit of proactive engagement with eligible Medicaid Managed Care beneficiaries to get them into screening sooner with the overall goal of improving early detection.
Provider Survey Results

- 633 providers surveyed
- 114 returned
- 18% return rate
I am not currently recommending any type of lung cancer screening in asymptomatic patients.

- Low Dose CT Scans (LDCT) and Chest X-Rays: 34.8%
- LDCT only: 22.3%
- Chest X-Rays only: 16.1%
- Other (please specify): 25%
Shared Decision Process

How often do you discuss the risks and benefits of LDCT with patients you recommend for screening?

- Always: 31.4%
- Frequently: 19.0%
- Sometimes: 19.0%
- Infrequently: 12.4%
- Never: 18.1%
Which best describes your practice style concerning LDCT?

- Recommend screening to patients without discussion of risks and benefits
- Discuss risks and benefits, then recommend screening
- Discuss risks and benefits, then let patient decide to be screened
- Discuss risks and benefits, then recommend against screening
- Do not discuss risks and benefits or recommend screening
- Recommend against screening
To the best of your knowledge, do the following organizations recommend the use of LDCT for lung cancer screening in asymptomatic, high-risk patients?

- Yes, recommend
- No, don't recommend
- Not sure

- U.S. Preventive Services Task Force: 50 (8 recommend, 1 don't recommend, 41 not sure)
- American Cancer Society: 53 (5 recommend, 1 don't recommend, 47 not sure)
- National Comprehensive Cancer Network: 25 (3 recommend, 1 don't recommend, 21 not sure)
- American College Of Radiology: 29 (2 recommend, 2 don't recommend, 25 not sure)
- American Academy of Family Physicians: 34 (9 recommend, 0 don't recommend, 25 not sure)
Provider Beliefs

How effective do you believe the lung cancer screening tests listed below are in reducing lung cancer mortality in the following asymptomatic patients aged 55 years and older?

- Never Smoked: Chest X-Ray
- Never Smoked: LDCT Scan
- Former Smoker: Chest X-Ray
- Former Smoker: LDCT Scan
- Current Smoker: Chest X-Ray
- Current Smoker: LDCT Scan

- Very Effective
- Somewhat Effective
- Not Effective
- Don't Know
Perceived Benefits

**What do you consider to be the benefits of LDCT for patients at high risk for lung cancer?**

- **Reduces lung cancer mortality**
- **Increases the chances of finding lung cancer at an earlier stage**
- **Low rate of false positives**
- **It is beneficial for all patients, regardless of smoking history**
I do not believe that there is enough evidence to support the value of LDCT lung cancer screening for asymptomatic patients.

I am unsure of what types of individuals would benefit most from LDCT screening for lung cancer.

I am concerned about the follow-up and tracking of positive screening results and patients "falling through the cracks."

I am concerned that insurance companies may not pay for LDCT scans.

I am concerned about the possibility of litigation surrounding lung cancer screening.

Provider reasons and degree of feeling for not recommending LDCT
Provider Perception

How important do you think screening high-risk populations for lung cancer is in West Virginia?

- Not important at all: 32.1%
- Somewhat important: 38.5%
- Very important: 28.4%
- Extremely important: 1.0%
Efforts to Expand Knowledge and Access

- Launched Provider Medical Detail Program
- Launched Online Lung Cancer CME Webinar
- Develop and Launched Public Education Campaign that included Patient Friendly Videos and Community Outreach Events
- Worked with local screening facilities to become accredited and registered.
- Initiated Certificate of Need process for the approval of a mobile lung cancer screening unit.
West Virginia Sites That Offer LDCT for Lung Cancer Screening

* Three sites are located in Monongalia County, two under WVU Medicine and one under Mon General.
** Eight sites are located in Kanawha County, three under Thomas Health, three under CAMC, one under Saint Francis Hospital, and one at Pulmonary Associates of Charleston.

- Accredited Lung Cancer Screening Center by American College of Radiology (ACR)
- Registered on the ACR Lung Cancer Screening Registry
- Accredited and registered
- Site offers LDCT but is not accredited or registered
- Possible future site/under consideration
Sustainability

- Lung Cancer identified as an area of focus in revised WV State Cancer Plan (released 2016)

- Partnership with Medicaid Managed Care Organizations
  - Incorporation of Pro-active Lung Cancer Pre-assessment incorporated into standard operating procedures for eligible beneficiaries

- Integration into Patient Advocate Foundation’s Case Management Platform

- 2018 West Virginia Lung Cancer Summit

SAVE the DATE

2018 Lung Cancer Conference: Catalyzing Change to Address Lung Cancer

NOVEMBER 1-2, 2018

A two day event at the Erickson Alumni Center, Morgantown, WV including:
- Mountains of Hope Meeting
- Policy Summit
- 2nd Annual Lung Cancer Conference

More details will be provided soon. For questions please call 304-293-2370.
Thank you…..

Bristol-Myers Squibb Foundation, this initial pilot has allowed us to initiate some very important conversations and activities across West Virginia to address lung cancer. These conversations are taking place with various entities and bringing groups together to identify tangible solutions. We have learned a lot through the process and found ways to turn our challenges into opportunities to improve access to low dose CT screening and to address provider knowledge. Our partners remain steadfast in our pursuit to decrease lung cancer mortality across the state.
Questions

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