Status of Lung Cancer Screening in the Community

Angela Criswell, MA
Associate Director, Quality Screening and Program Initiatives
acriswell@go2foundation.org
GO₂ Foundation for Lung Cancer

We work to change the reality of living with lung cancer by ending stigma, increasing public and private research funding, and ensuring access to care.

We are the “go-to” local and global force dedicated to saving, extending, and improving the lives of those vulnerable, at risk, and diagnosed with lung cancer.
Screening Centers of Excellence Network

Number of SCOE Facilities

- 2012: 24
- 2013: 122
- 2014: 243
- 2015: 331
- 2016: 407
- 2017: 531
- 2018: 636
- 2019: 724

SCOE Network Growth Over Time

2019: 44 States Plus DC

Delivering Excellence In Responsible Screening

CY 2018 SCOE Data Survey Completion
389 Facilities (99 responses/parent programs)

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Programs Have Meaningful Patient Impact with Their Rate of Detection

- **Total individual patients screened in 2018**: 87,348
- **Average # patients screened per program in 2018**: 878
- **Total lung cancer diagnosis in 2018**: 1,501
- **Detection rate among patients screened**: 1.7%

**Patient Volume Based on Practice Setting**

- **Academic sites** (n=22):
  - 5% Under 100 patients
  - 36% 100-499 patients
  - 41% 500-999 patients
  - 18% 1000+ patients

- **Community sites** (n=77):
  - 8% Under 100 patients
  - 39% 100-499 patients
  - 23% 500-999 patients
  - 30% 1000+ patients

**Total individual patients screened**:
- **Academic Hospitals**: 17,200
- **Community Hospitals**: 70,148

**Lung cancer diagnosis**:
- **Academic Hospitals**: 278
- **Community Hospitals**: 1,223
Life-Saving Stage Shift—More than 50% Found Early

Imagine the impact as patient volumes increase!

Stage I NSCLC: Community baseline (n=42; p=427) - 56%, Community annual (n=35; p=170) - 58%, Academic baseline (n=10; p=57) - 14%, Academic annual (n=11; p=71) - 14%

Stage II NSCLC: Community baseline (n=42; p=427) - 51%, Community annual (n=35; p=170) - 56%, Academic baseline (n=10; p=57) - 14%, Academic annual (n=11; p=71) - 14%

Stage III NSCLC: Community baseline (n=42; p=427) - 58%, Community annual (n=35; p=170) - 68%, Academic baseline (n=10; p=57) - 16%, Academic annual (n=11; p=71) - 16%

Stage IV NSCLC: Community baseline (n=42; p=427) - 11%, Community annual (n=35; p=170) - 9%, Academic baseline (n=10; p=57) - 7%, Academic annual (n=11; p=71) - 7%

Limited SCLC: Community baseline (n=42; p=427) - 4%, Community annual (n=35; p=170) - 4%, Academic baseline (n=10; p=57) - 5%, Academic annual (n=11; p=71) - 5%

Extensive SCLC: Community baseline (n=42; p=427) - 3%, Community annual (n=35; p=170) - 3%, Academic baseline (n=10; p=57) - 0%, Academic annual (n=11; p=71) - 0%
## Programs Concerned With Adherence More Than Low Uptake

**Implementation Barriers Rated Most Significant**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients not returning for annual screening</td>
<td>17%</td>
<td>13%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Staffing limitations</td>
<td>11%</td>
<td>8%</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of support from referring providers</td>
<td>13%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Patient tracking and data management</td>
<td>17%</td>
<td>12%</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Patients not returning for interval follow-up on findings</td>
<td>8%</td>
<td>12%</td>
<td>20%</td>
<td>44%</td>
</tr>
<tr>
<td>Difficulties with ordering process-EMR, paper orders, documenting eligibility</td>
<td>11%</td>
<td>8%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Coding and claims difficulties</td>
<td>9%</td>
<td>5%</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Registry entry</td>
<td>6%</td>
<td>16%</td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>Required SDM-delivering, documenting</td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Lack of sufficient patient volume</td>
<td></td>
<td></td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>Lack of institutional buy-In</td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>

Respondents most frequently cite **low annual adherence** as a significant implementation barrier.

Low adherence ties with patient tracking/data management as first in significance.

Coordination of screening process is **high-touch**, even with software automation.

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Q4.45 Which of the barriers experienced by your program in 2018 were most significant? Please rank up to 3, where the most significant barrier is ranked as number 1.

No. of SDOEs participated: 99
Patient Uptake, Adherence, and Program Capacity are Interdependent

**Patient Volume**
- Under 100 Patients: 7%
- 100-499 Patients: 38%
- 500-999 Patients: 27%
- 1000+ Patients: 27%
- Total: 7%
- Mean = 878, Median = 550
- n=99

**Operating Capacity**
- Operating Below Capacity: 25%
- Operating At Capacity: 48%
- Operating Above Capacity: 26%
- Total: 99
- Mean = 878, Median = 550

**Annual Adherence Rate**
- 0%-25%: 5%
- 26%-50%: 34%
- 51%-75%: 31%
- 76%-100%: 30%
- Total: 61
- Mean = 878, Median = 550

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HCP Knowledge and Buy-In Are Essential

Percent of Centers Rated Most Significant—(rated 6, 7)

- Lack of HCP awareness of screening availability and effectiveness: 53%
- HCPs aware but not referring eligible patients for screening: 42%
- Lack of HCP awareness of screening availability: 38%
- Patient cost concerns due to co-pays or deductibles: 28%
- Lack of patient interest in screening: 27%
- Lack of patient compliance with referral: 21%
- Patient lack of transportation: 13%

Lack of referral from HCP
“Not being able to contact them, patients being worried about insurance not paying, not being referred by provider.”

Cost
“Maybe they were sent a bill for prior LCS due to coding incorrectly, don’t feel they “need” any more scans, wouldn’t do anything about it if they found something, don’t want to feel pressured to quit smoking.”

Lack of education/awareness
“CMS requirement for a face to face visit and informed decision making visit with provider. Lack of buy-in by providers. Patients not being aware of lung screening. Patient worry that they will have a large out of pocket expense for a lung screening.”

Lack of PCP encouragement
“Barriers from returning to screening include provider not ordering annual exam and patients not fully understanding that screening should be completed annually.”

Fear of findings
“Stigma of being a smoker and screening, knowledge deficits and some patients associating screening with a commitment to quit smoking.”

Lack of PCP Referral
“PCP does not ask patient about lung cancer screening, lack of awareness of availability of lung cancer screening with PCP and patient, cost, availability of nurse navigator to make the program run well.”

Q4.20 How significant are the following barriers in preventing patients from being screened for lung cancer, on a scale of 1 to 7, where 1 means “not important” and 7 means “very important”?
Program Strategies to Address Patient Uptake and Adherence

[Patient from prior screening] had an abnormality…found not to be malignant and he felt he needed no further screenings….After [calling him and explaining the screening process] he did have the annual screen and was found to have…stage 1.”

[By hiring nurse navigator] “We have been able to increase the number of new patients screened by 25%...[and] our retention rate for annual screening to 86.”
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.

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.

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

“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.”

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

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Success Stories— “A Team Effort”

“We are on track to screen 4,000 people this year…PCP buy-in has made all the difference.”

“Patient whose PCP ordered LDCT many times would never complete it. Care Coordination Team reviews screenings ordered but never scheduled. A coordinator called this patient and spent time with him on the phone to explain the test….The patient finally scheduled and [had] stage 1 lung cancer. Saving patients’ lives is a team effort!”

” Patient diagnosed stage IIIa after first screening….She is a walking billboard for lung cancer screening and through her job in insurance is educating physicians.
Angela Criswell
202-774-5389
acriswell@go2foundation.org