LCA NATIONAL FRAMEWORK OF EXCELLENCE IN LUNG CANCER SCREENING AND CONTINUUM OF CARE

National Lung Cancer Roundtable
Washington, DC
December 10-11, 2018

Angela Criswell, MA
Senior Manager of Medical Outreach
LUNG CANCER ALLIANCE
WHO WE ARE

LUNGCANCERALLIANCE.ORG
A Decade to SCREENING

Working For Those At Risk

2005
VOICE OF AT RISK
Lung Cancer Alliance (LCA) makes screening for high risk a priority.

2006
RESEARCH

2007
VALIDATION
NCI halts pivotal study; Concludes CT screening can reduce number of people who die by 20%.

2008
MILLIMAN I
Actuarial study comparing early and late stage lung cancer.

2009
GUIDANCE
NCCN releases first clinical guidelines for lung cancer screening.

2010
IMPELEMTATION
LCA develops National Framework for Screening; Begins identifying Screening Centers.

2011
MILLIMAN II
Actuarial study showing cost benefit of lung cancer screening.

2012
RECOMMENDATION
USPSTF recommends lung cancer screening for high risk; insurance companies must cover before end of 2013.

2013
NO ONE DESERVES TO DIE
National stigma awareness campaign.

2014
MILLIMAN III
Actuarial study showing benefits of smoking cessation incorporation with screening programs.

2015
LIVE MORE MOMENTS
National screening awareness campaign.

SOURCE:
Lung Cancer Alliance

COVERAGE
Medicare agrees to coverage for at risk seniors; 10M at risk now covered.
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.
WHY BECOME A SCREENING CENTER OF EXCELLENCE?

• Inclusion in LCA’s online directory
• Access to private peer-to-peer online community to share best practices and challenges and learn from others
• Technical assistance and learning opportunities, including LCA Annual Screening and Care Conference
• Early access to practice and policy updates and other news of interest
• Participation in policy sign-on letters
• Opportunities to participate in research
• Exclusive marketing materials
SCREENING CENTERS OF EXCELLENCE

630+ screening centers, 42 states plus DC represented
Screening Program expresses interest in Screening Center of Excellence designation

Application and Attestation submitted via online portal

Review, Follow-up Questions

Approval!

Interactive monitoring and ongoing relationship building
WHO IS HERDING THE CATS?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Coordinator</td>
<td>2.3%</td>
</tr>
<tr>
<td>Technologist</td>
<td>2.7%</td>
</tr>
<tr>
<td>Nurse Practitioner/PA</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other</td>
<td>8.6%</td>
</tr>
<tr>
<td>Physician</td>
<td>9%</td>
</tr>
<tr>
<td>Radiology Manager/Director</td>
<td>9.9%</td>
</tr>
<tr>
<td>Cancer Program Admin</td>
<td>12.6%</td>
</tr>
<tr>
<td>Lung Screening Program</td>
<td>13.1%</td>
</tr>
<tr>
<td>Coordinator/Manager</td>
<td>38.3%</td>
</tr>
<tr>
<td>Nurse Navigator</td>
<td></td>
</tr>
</tbody>
</table>

University/Academic Center Affiliated?

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>38.30%</td>
</tr>
<tr>
<td>No</td>
<td>61.70%</td>
</tr>
</tbody>
</table>
Entity leading SDM visits for Medicare beneficiaries:

- PCP
- Screening Team Member
- Non-PCP Referring Provider
- Other

N = 165

Cessation services offered to current smokers:

- Quitline
- Counseling Within Facility
- Print Resources
- Counseling Outside Facility
- Online Resources
- Other

Multiple responses allowed.
SCOE REPORTED RESULTS: CY 2016

N=529 cancers reported
## SCOE Reported Results: CY 2016

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number of Cancers Diagnosed</th>
<th>Cancers diagnosed after initial/baseline screening</th>
<th>Cancers diagnosed after annual screening</th>
<th>N=120 respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stg. 1 NSCLC</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stg 2 NSCLC</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stg. 3 NSCLC</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stg 4 NSCLC</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited SCLC</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extensive SCLC</td>
<td>16</td>
<td></td>
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</tr>
</tbody>
</table>

- **Stg. 1 NSCLC**: Number of cancers diagnosed among respondents at stage 1 non-small cell lung cancer (NSCLC).
- **Stg 2 NSCLC**: Number of cancers diagnosed among respondents at stage 2 NSCLC.
- **Stg. 3 NSCLC**: Number of cancers diagnosed among respondents at stage 3 NSCLC.
- **Stg 4 NSCLC**: Number of cancers diagnosed among respondents at stage 4 NSCLC.
- **Limited SCLC**: Number of cancers diagnosed among respondents with limited small cell lung cancer (SCLC).
- **Extensive SCLC**: Number of cancers diagnosed among respondents with extensive SCLC.
IDENTIFIED BARRIERS

Multiple responses allowed
N=147

- Insurance/Billing Issues: 68%
- Lack of patient awareness of screening availability: 61%
- Internal workflow challenges: 58%
- Provider referral barriers: 52%
- Staffing/time limitations: 41%
- Lack of patient interest in screening: 30%
- Other: 6%
PERSISTENCE PAYS OFF

“We’ve had to reinvent ourselves several times, as screening requirements, coverage, and the general environment has changed.”

--LCA Screening Center of Excellence member
Angela Criswell
202-774-5389
acriswell@lungcanceralliance.org