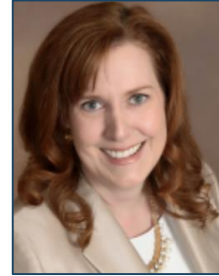


# Provider Engagement & Outreach Task Group



**Jan Eberth, PhD**



**Celeste Worth, MCHES**



**Jennifer Lewis, MD,  
MS, MPH**



**Efren Flores, MD**



**Robert Smith, PhD**



**NATIONAL  
LUNG CANCER  
ROUNDTABLE**

**PROVIDER ENGAGEMENT &  
OUTREACH TASK GROUP**

Annual Meeting Showcase

# Objectives

- Introduce Task Group (TG) members
- Discuss work w/ AAFP, including planned survey
- Review data on provider engagement in lung cancer screening, including white paper for *Cancer*
- Identify training activities for providers (LuCa Network)
- Disparities in patient-provider communication article
- Future directions of the TG



# Task Group Members



**Thomas P. Houston, MD**  
**Task Group Chair**



**Jan Eberth, PhD**  
**Task Group Vice Chair**

**Karen Arscott, DO, MS**  
Geisinger Health System

**Vickie Beckler, MBA, RN**  
Medtronic

**Angela Criswell, MA**  
GO<sub>2</sub> Foundation for Lung Cancer

**Efrén Flores, MD**  
Massachusetts General Hospital

**Ella Kazerooni, MD, MS**  
University of Michigan

**Deborah Klein, MD**  
Swedish Medical Center, Seattle

**Jennifer Lewis, MD, MS**  
Vanderbilt University School of  
Medicine

**Pamela Mercer**  
American Lung Association

**Elyse Park, PhD, MPH**  
Massachusetts General Hospital

**Betty Tong, MD, MHS, MS**  
Duke University Hospital

**Celeste Worth, MCHES**  
LuCa National Training Network

# Engaging AAFP

Robert  
Smith, PhD  
and Jan  
Eberth, PhD

- Discussions with AAFP leadership, and a major presentation from the Roundtable at their Annual Scientific Assembly
- AAFP will review their recommendation for LDCT screening once new USPSTF guidelines are finalized
- AAFP Membership Survey
  - Collaboration with NLCRT Shared Decision Making Task Group



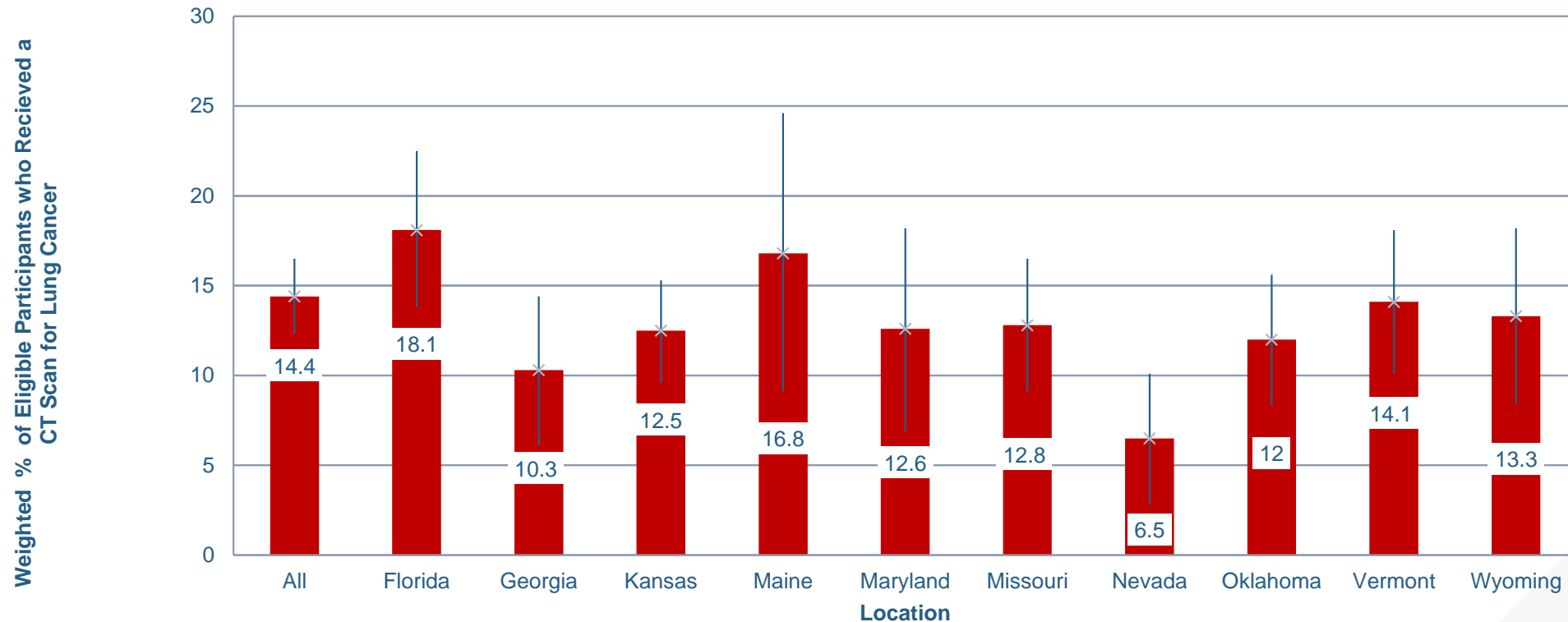
# Task Group White Paper

Jennifer  
Lewis, MD

- Patients rely on their providers for screening recommendations.
  - Patients identified “trust in their provider” as an important facilitator for LCS adherence (Duong et al. 2017)
  - Patients (82%) reported that they would undergo LDCT screening if recommended by their physician (Jonnalagadda et al. 2012)
  - Provider recommendation is an important predictor of screening behavior (Zapka et al. 2004)



# Screening Uptake Remains Low



Source: Zahnd and Eberth 2019  
Statistics based upon 2017 BRFSS data

# Unfavorable Attitudes about Screening

- “It’s like way more people had a false positive than like a real positive and for a screening test, it doesn’t seem like a great test.”
- “To keep thinking that we can just keep adding to a list of things that, you know, the primary care provider’s suppose to do in their 20-minute visit is, is just silly and naïve...”
- “We influence their decision based on how we present it. It could be a slippery slope....having this kind of discussion takes a high level of health literacy.”
- “...people who haven’t smoked are paying premiums for people who like have smoked and are now getting these CTs every year.”

Source: Hoffman et al. 2015



# Perceived Barriers

- Cost
- Prior authorizations
- Harm from false positives
- Lack of patient awareness
- Lack of time
- Insufficient infrastructure
- Insufficient personnel
- Comorbidities
- Negative scan may promote smoking
- Lack of understanding of test procedure & follow-up
- Complexity of shared-decision conversation
- Patient transportation
- Patient declines screening

Sources: Hoffman et al. 2015, Lewis et al. 2015, Iaccarino et al. 2015, Simmons et al. 2017, Triplette et al. 2018, Eberth 2019

# ... and Ways to Solve Problems

- Patient registry to track nodules
- EHR system that includes smoking pack-years and quit date
- Easily accessible decision tools
- EHR-based clinical reminders
- Recommendations for nodule management
- Information on referrals to specialties
- Dedicated program personnel
- Assistance with shared decision making,
- LCS posters
- Videos in waiting room
- Guideline dissemination

Sources: Triplette et al. 2018, Kanodra et al. 2016, Simmons et al. 2017

# But...Times are Changing

The NEW ENGLAND  
JOURNAL of MEDICINE

ESTABLISHED IN 1812

FEBRUARY 6, 2020

VOL. 382 NO. 6

## Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial

H.J. de Koning, C.M. van der Aalst, P.A. de Jong, E.T. Scholten, K. Nackaerts, M.A. Heuvelmans, J.-W.J. Lammers, C. Weenink, U. Yousaf-Khan, N. Horeweg, S. van 't Westeinde, M. Prokop, W.P. Mali, F.A.A. Mohamed Hoesin, P.M.A. van Ooijen, J.G.J.V. Aerts, M.A. den Bakker, E. Thunnissen, J. Verschakelen, R. Vlienthart, J.E. Walter, K. ten Haaf, H.J.M. Groen, and M. Oudkerk

Perspective > Georgetown University Family Medicine

COMMENTARY

## I've Changed My Mind on Lung Cancer Screening

Kenneth W. Lin, MD, MPH

DISCLOSURES | August 18, 2020

29 Read Comments

EDITORIAL  
COLLABORATION 25 Medscape &

Department of Family Medicine  
Georgetown University Medical Center



## News Release

Office of Public Affairs  
Media Relations

Washington, DC 20420  
(202) 461-7600  
www.va.gov

FOR IMMEDIATE RELEASE  
June 16, 2020

## VA and GO<sub>2</sub> Foundation for Lung Cancer partner to improve outcomes for Veterans at risk of lung cancer

WASHINGTON — The U.S. Department of Veterans Affairs (VA) announced today it has partnered with nonprofit [GO<sub>2</sub> Foundation for Lung Cancer](#) to increase awareness about lung screening options and improve outcomes for Veterans impacted by lung cancer.

This partnership allows for VA and GO<sub>2</sub> to leverage resources, programs and services available through GO<sub>2</sub> Foundation's national network of more than [750 centers of excellence](#).

"Research and initiatives to ensure access to early detection and treatment will greatly improve the care of Veterans with lung cancer," said VA Secretary Robert Wilkie. "This public-private partnership will help expand the array of services that are currently available within VA and increase public awareness about Veteran-specific conditions that place Veterans at greater risk for lung cancer."

VA diagnoses 7,700 Veterans with lung cancer each year and an estimated 900,000 remain at risk due to age, smoking and other

Providers & Other Health Professionals | Medical & Provider Organizations | Hospitals & Health Systems | Cancer Coalitions & Consortia

LuCa NATIONAL TRAINING NETWORK

HOME ABOUT SERVICES NEWS CONTACT

# Enhancing Provider Education on Lung Cancer Care

Free Online Course

Our free interactive CME/CE online course, "Lung Cancer and the Primary Care Provider"



# Task Group Aims

*To promote the awareness and engagement of health care professionals in the adoption of evidence-based initiatives that can increase lung cancer screening and tobacco treatment*



Update on LuCa  
from Ms. Celeste  
Worth, Task Group  
Member

# LuCa National Training Network – University of Louisville

## Free CME/CE Online Course

LuCa's free interactive CME/CE online course, "Lung Cancer and the Primary Care Provider," offers up to 2.5 continuing education credit hours, including AMA PRA Category 1, AANP, and AAFP Prescribed credits. This comprehensive online course covers such topics as, lung cancer screening, shared decision making, treatment advances, patient follow-up, and survivorship.



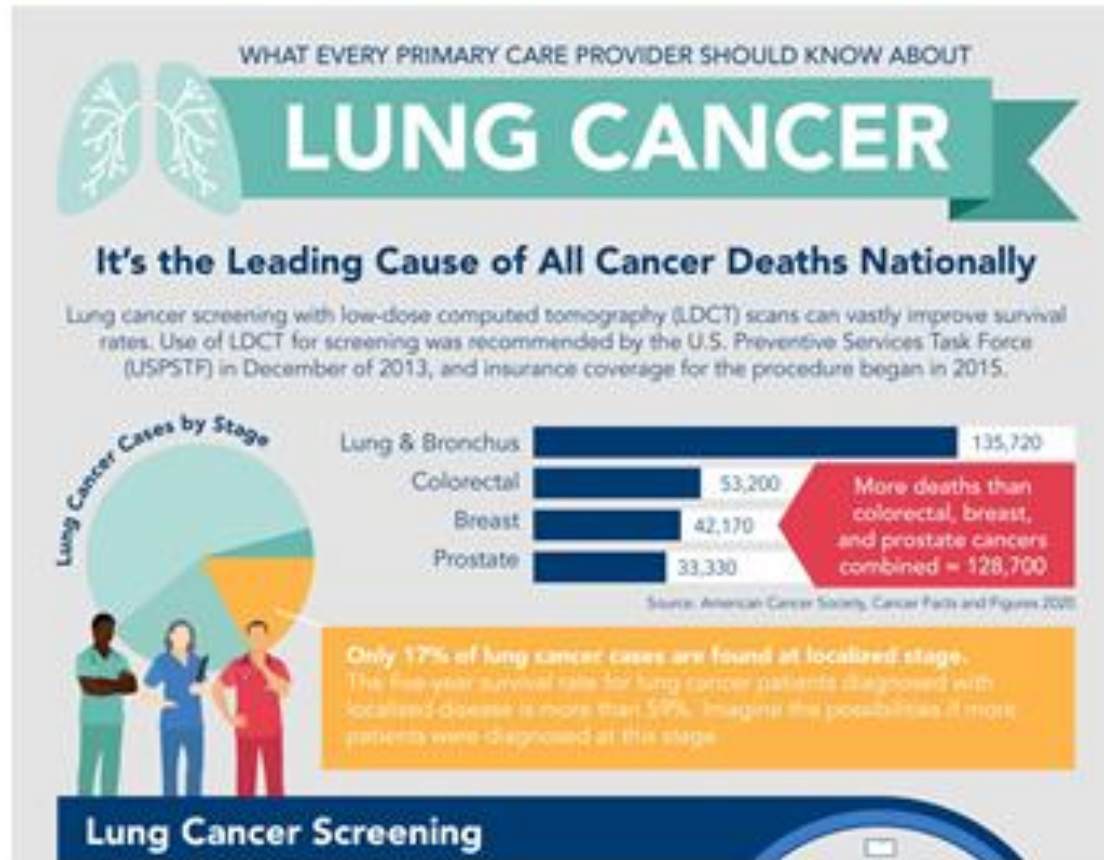
## 10 Free Offerings and Tools for Providing Lung Cancer Screening, Referrals, Survivorship Care, or Tobacco Use Treatment

11.12–12.31

Angela Criswell, MA & Celeste Worth, MCHES

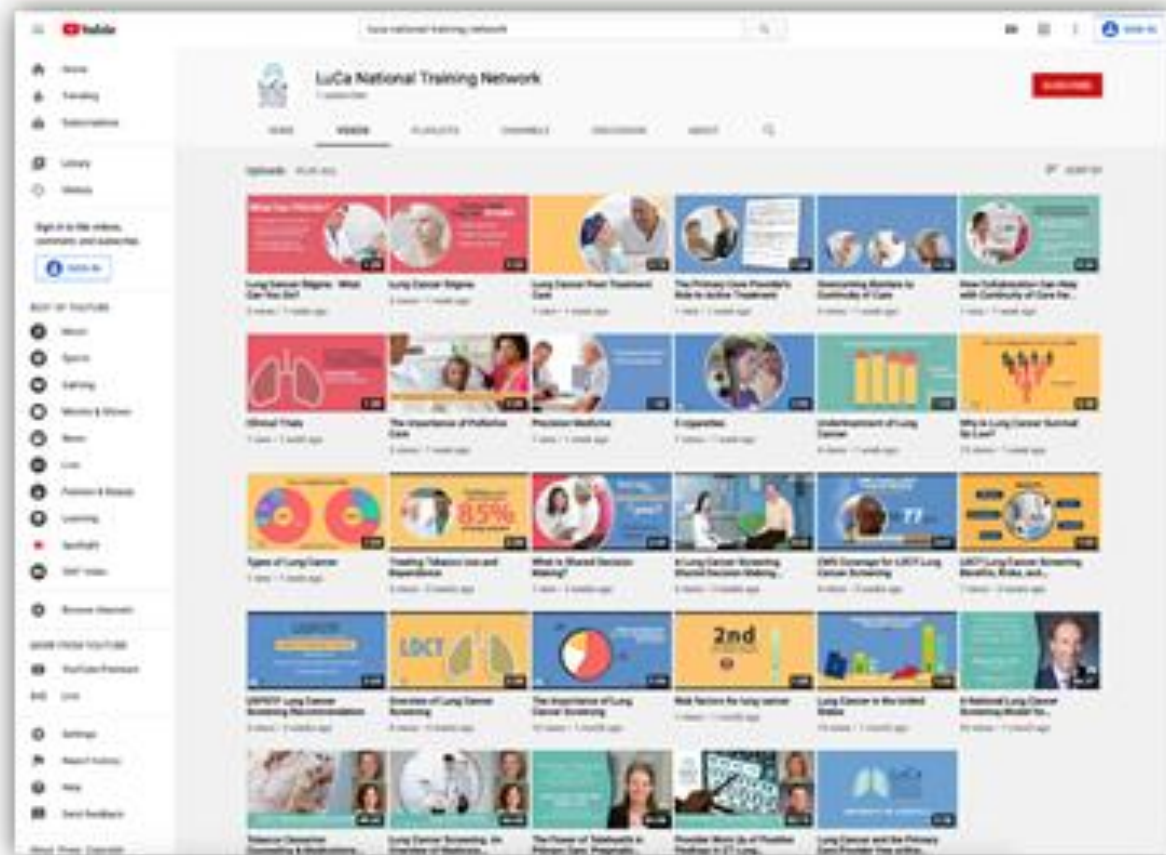


# What Every PCP Should Know About Lung Cancer Infographic





# Social Media



Subscribe to the LuCa National Training Network YouTube channel for the latest videos:

- Course Excerpts
- Animated Scenarios
- Recorded Webinars



**NLCRT**  
NATIONAL LUNG CANCER ROUNDTABLE



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LuCa

### Lung Cancer and the Primary Care Provider

Explore LuCa's series for primary care providers with three modules on lung cancer care across the continuum: risk reduction, screening, treatment, and survivorship.

- Lung Cancer Screening and Shared Decision Making**
- Lung Cancer Treatment Advances**
- Follow-up and Survivorship for Patients with Lung Cancer**







## LuCa's Award-Winning Website

- Online Course
- 350+ Articles & Resources for providers and patients
- Upcoming Webinars
- Recorded Webinars
- Technical assistance for:
  - Health systems
  - State cancer coalitions
  - Provider organizations
  - Other healthcare professionals

[www.lucatraining.org](http://www.lucatraining.org)



# Patient-Provider Communication

Jan Eberth,  
PhD and  
Efren Flores,  
MD

- The TG is developing a commentary describing disparities in patient-provider communication in LDCT screening, drawing from lessons learned in the broader cancer communication literature.
- Can we leverage this commentary to develop a targeted project for 2021 that aims to reduce potential disparities in LDCT screening discussions and referrals?
- Motivation for promoting health equity through care coordination and telehealth



# Contact Info

Tom Houston

Adjunct Professor, Department of Family Medicine, The Ohio State University

AAFP Representative to NLCRT Steering Committee

[tphdoc@aol.com](mailto:tphdoc@aol.com)

614-312-3962

Jan M. Eberth

Associate Professor of Epidemiology

Director, Rural and Minority Health Research Center  
University of South Carolina

[jmeberth@mailbox.sc.edu](mailto:jmeberth@mailbox.sc.edu)

803-576-7384

Twitter: @jmeberth

Thank You

