Health Center Addressing Lung Cancer Early Detection

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• Capacity Building Phase

• Implementation Phase

• Monitoring and Evaluation
Capacity Building Phase 2015-2016

- ACS convened in-person meetings with each FQHC and screening center to provide training on lung cancer.

- LDCT screening, eligibility criteria, and shared decision-making.

- Electronic Medical Records enhanced.

- ACS provided sites with targeted education materials.

- ACS encouraged each site to engage in activities to support implementing LDCT screening.
  - Identify clinical champions and navigators
  - Develop a work plan and process mapping
  - Developed processes to identify eligible patients
  - Provide screening education
  - Refer and navigate patients through screening and follow-up.
  - Referrals to tobacco cessation programs and resources
• Work plans and interventions were modified as-needed with a focus on process improvement.

• ACS staff provided ongoing technical assistance and support, including participating in joint meetings between FQHCs and screening centers to discuss and overcome challenges and identify opportunities for quality improvement.
Monitoring and Evaluation

• ACS’s Statistics and Evaluation Center engaged in ongoing monitoring and evaluation of program activities throughout implementation.

• Sites submitted quarterly reports on the number of patients referred and screened, with narrative information on barriers and accomplishments.

• Evaluators conducted annual site visits with key informant interviews to identify facilitators and barriers to implementation.
Challenges

- Accurate Data In EHR
- Follow up Screenings for RAD 3’s (barriers)
- Closing the loop for PCP’s
- Tobacco Cessation after a RAD 0,1,2
- Insurance Issues
Successes

• Provider buy-in
• Insurance company conversations
• Open communication between FQHC and Screening Facility
• Efficient processes
• Shared Decision making is “good patient care”
• Lung nodule team – PCP inclusion
• Patient Satisfaction
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