Early Efforts to Engage Clinicians Regarding Lung Cancer Screening in Kentucky

Jamie L. Studts, PhD

Professor
Department of Behavioral Science
University of Kentucky College of Medicine

Assistant Director
Cancer Prevention and Control
University of Kentucky Markey Cancer Center
Overview

1) Initial efforts to begin the conversation with clinicians regarding emerging lung cancer screening opportunities

2) Targeted continuing education efforts to educate and train clinicians to integrate lung cancer screening into clinical practice

3) Statewide effort to engage primary care clinicians regarding lung cancer screening (*Kentucky LEADS Collaborative*)
The Kentucky Lung Cancer Screening Road Show (2013-2014)

- Following NLST publication and USPSTF draft guidelines...
- Begin discussion using Kentucky District Cancer Councils
- Lunchtime meeting held across state with clinicians, healthcare administrators, and community members
- Panel Format (60 – 90 minutes)
  1) Regional Cancer Control Specialist (Moderator)
  2) Local Primary Care Clinician
  3) Local Lung Cancer Screening Program Leader/Director
  4) Lung Cancer Screening Expert
  5) State Cancer Prevention and Control Leader
The Kentucky Lung Cancer Screening Road Show (2013-2014)

- **Directly** reached hundreds of clinicians and engaged community members throughout the state

- **Indirectly** reached thousands of clinicians and community members through media coverage (e.g., tv, radio, newspaper)

**Conclusions/Accomplishments**

1) Tremendous engagement/attendance throughout the state

2) Significant interest in screening among clinicians and community

3) Pockets of apprehension, concerns, skepticism, and frank stigma

4) Recognition that extensive additional efforts would be needed
FOLLOW-UP: The Kentucky Lung Cancer Screening Road Show (2016, 2017)

- Returned to the District Cancer Councils to provide brief updates and follow-ups regarding lung cancer screening efforts (10-15 minutes).

- Promoted awareness and access to lung cancer screening educational materials from Kentucky LEADS Collaborative.
We developed a CE program for primary cancer clinicians addressing lung cancer screening and shared decision making.

- Based on (1) District Cancer Councils, (2) emerging data showing gaps in clinician awareness and skills, and (3) a recognition of Kentucky’s tobacco/lung cancer burden.

- Designed a traditional “Grand Rounds Style” continuing education program with several goals:
  1) Educate clinicians regarding lung cancer screening fundamentals
  2) Provide clinicians with a review of Shared Decision Making and provide lung cancer screening-related examples

- Multidisciplinary development collaboration
Overview

Lung Cancer Epidemiology/Justification for Screening

History of Lung Cancer Screening Research

Recent Lung Cancer Screening Research Results (NLST & PLCO)

Emerging Screening Guidelines (USPSTF, ACS, NCCN, LCA)

Implementation of Lung Cancer Screening - Key Components
  - Patient Navigation, Tobacco Cessation, Shared Decision Making

Shared Decision Making
  - Basic Principles of Shared Decision Making
  - Shared Decision Making in Lung Cancer Screening

Conclusions & Discussion
LCS – SDM Continuing Education Program
Pilot Project with Marcum – Wallace Hospital

Procedure & Measures

• Participants (N=18) completed PRE and POST surveys
  • knowledge
  • attitudes
  • practices regarding LCS & SDM
  • demographic information
  • acceptability & feasibility (POST only)

Key Results

• **Acceptability**
  • 100% of respondents indicated that they would recommend the program to a colleague.

• **Feasibility**
  • Participants rated their satisfaction with the program as 8.83 (±1.82) on a scale of 0 to 10.
A diverse group of rural PCPs demonstrated benefit following the LCS-SDM CE program.

Subjective Knowledge (1-7)

Comfort (1-5)
Disseminating LCS through Shared Decision Making: A Web-based CE Intervention for Primary Care Clinicians

Next Steps

1) Employ preliminary data to revise content/delivery.

2) Add content (implementation and stigma).

3) Translate for web-based delivery.

4) Integrate vignettes of SDM and patient counseling, including decision aids.

(Grant funding from the Kentucky Lung Cancer Research Program (P02 415 1400004000) and additional support from the Behavioral and Community-Based Research Shared Resource of the University of Kentucky Markey Cancer Center (P30CA177558))
Kentucky Statewide Effort to Address Lung Cancer Screening Implementation

Kentucky LEADS Collaborative

Lung Cancer Education • Awareness • Detection • Survivorship

Bristol-Myers Squibb Foundation

UK HealthCare Markey Cancer Center

Lung Cancer Alliance

James Graham Brown Cancer Center
Kentucky LEADS Collaborative

- **Component 1: Provider Education**
  Educate and train primary care clinicians in Kentucky regarding implementation of innovations in lung cancer prevention, control, and care.

- **Component 2: Survivorship Care**
  Develop and evaluate a novel lung cancer survivorship care program for survivors and caregivers.

- **Component 3: Prevention & Early Detection**
  Facilitate implementation of high quality lung cancer screening throughout Kentucky.
Provider Education Efforts

Four Educational Offerings:

1) Academic Detailing (January, 2016)
2) Large Group Presentations (February, 2016)
3) Online Training Course (April, 2016)
4) Webinars (March, 2017)
## REACH: Primary Care Clinicians

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<tr>
<th>Intervention</th>
<th>PCPs Educated</th>
<th>Non-PCPs Educated</th>
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<tr>
<td>Academic Detailing</td>
<td>985</td>
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<tr>
<td>Large Group Presentation</td>
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<td>285</td>
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<tr>
<td>Online Courses</td>
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<tr>
<td>Webinar</td>
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<td><strong>TOTAL</strong></td>
<td><strong>1,403</strong></td>
<td><strong>1,273</strong></td>
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<table>
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<tr>
<th>Provider Type</th>
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<td>MD/DO</td>
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Three Month Follow Up Evaluation about Academic Detailing from 211 PCPs

- Use SDM for LDCT:
  - 45% I began doing this after the KY LEADS training.
  - 29% I already did this in my practice.
  - 26% I plan to do this after the KY LEADS training.
  - 2% I do not plan to do this.

- Refer for LDCT:
  - 41% I began doing this after the KY LEADS training.
  - 36% I already did this in my practice.
  - 21% I plan to do this after the KY LEADS training.
  - 1% I do not plan to do this.
Key Lessons

- Doctors’ front office staff can be biggest barrier to allowing a visit (and they expect food).
- Ask for 5 minutes and you might get 10, 15, or more (foot in the door technique).
- Mid-level providers have been more receptive.
- Office visits are time and labor intensive.
- Billing/coding/reimbursement issues are key interests.
- Partners and the right contacts are critical.
- Dated/timed events may generate better response.
Prevention and Early Detection (PD)

- Integrate recommendations from evidence based guidelines to promote high quality lung cancer screening in Kentucky

- Establish optimal metrics for quality implementation of lung cancer screening (QuILS)

6) **Community Outreach**
   - Responsible Marketing/Outreach
   - Provider Outreach
Kentucky Lung Cancer Network

- In 2012-2013, the CDC-funded Kentucky Cancer Consortium (KCC) formed the Kentucky Lung Cancer Prevention and Early Detection Network to enhance community-engaged efforts to increased prevention and early detection efforts.

- First collaborative effort: Develop clear, unified messages on lung cancer prevention and early detection to educate the public, community leaders, healthcare professionals, healthcare system leaders and policymakers.

- Organizing force and dissemination efforts to sustain and expand awareness, clinician education, and healthcare system engagement regarding implementing lung cancer screening in Kentucky.
# ACR Lung Cancer Screening Registry™

## Where Screening is Being Done?

### Top 10 States by Exam Volume

<table>
<thead>
<tr>
<th>State</th>
<th># Facilities</th>
<th># Exams</th>
<th>Population</th>
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[Kazerooni (2017), Lung Cancer Alliance – Screening and Care Conference]
Summary and Recommendations

- Broad efforts have led to greater than anticipated uptake of lung cancer screening in Kentucky.

- Future efforts may benefit from:
  1. *Multilevel* efforts to engage the community, clinicians, and administrators using coordinated messages and supports
  2. Consideration of approaches that begin with a thorough understanding and *focus on the target community* and the challenges (e.g., awareness), barriers (e.g., access/referral patterns), and apprehensions (e.g., stigma/bias)
  3. Integration of *implementation science* frameworks/principles to achieve greater impact and potential for dissemination
  4. Persistence, sharing, and more *persistence*!