VA Partnership to Increase Access to Lung Screening

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The Mystery of VA

VA Demonstration Project (2012-15)

Robert Petzel, Under Secretary for Health
VHA – Central Office
Resigned 2014

Linda Kinsinger, MD, MPH
VHA Chief Consultant for Preventive Services (NCP)
Retired 2015

Charles Anderson, MD, PhD
VHA Chief Consultant Diagnostic Services
Retired 2016

Implementation of Lung Cancer Screening in the Veterans Health Administration

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2017

Evaluation of the VA Lung Cancer Screening Clinical Demonstration Project

Prepared for:
Department of Veterans Affairs, Office of the Under Secretary for Health

Prepared by:
1-Health Services Research & Development Center of Innovation, Durham Veterans Affairs Medical Center
2- National Center for Health Promotion and Disease Prevention, Office of Patient Care Services
3- National Radiology Program Office, Diagnostic Services, Office of Patient Care Services
4- Veterans Engineering Resource Center, Pittsburgh Veterans Affairs Medical Center

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Report Date:
March 2016

CHALLENGES
1. Approx 2/3 = abnormal finding
2. Tracking = complex
3. Coordination of care = variable

NEEDS
1. System-wide tracking registry
2. Radiologists, CT scanners, staff
3. Training for primary care
4. Engaging pulmonology & oncology

Table 1. VA Patient Population for Screening

Patients:	% Advancing	VA population
Potentially eligible for LDCT		
		2,780,933
Eligible for LDCT	32.0%	545,063
Qualifying for LDCT; met all criteria	84.3%	494,372
Patients Agree to LCS; Minneapolis excluded	55.5%	274,376
Completed LDCT; included in Eval. Anal.	85.9%	235,689
Positive (Nodules needed tracking + possible Lung Ca + doc. Lung Ca)	51.7%	121,851
Possible Lung Ca	1.50%	3,535
Documented Lung Ca	1.60%	3,771
Negative	48.3%	113,838
Incidental Finding Requiring Follow-up	32.4%	76,363

> 4mm

Why We Can't Sit Still
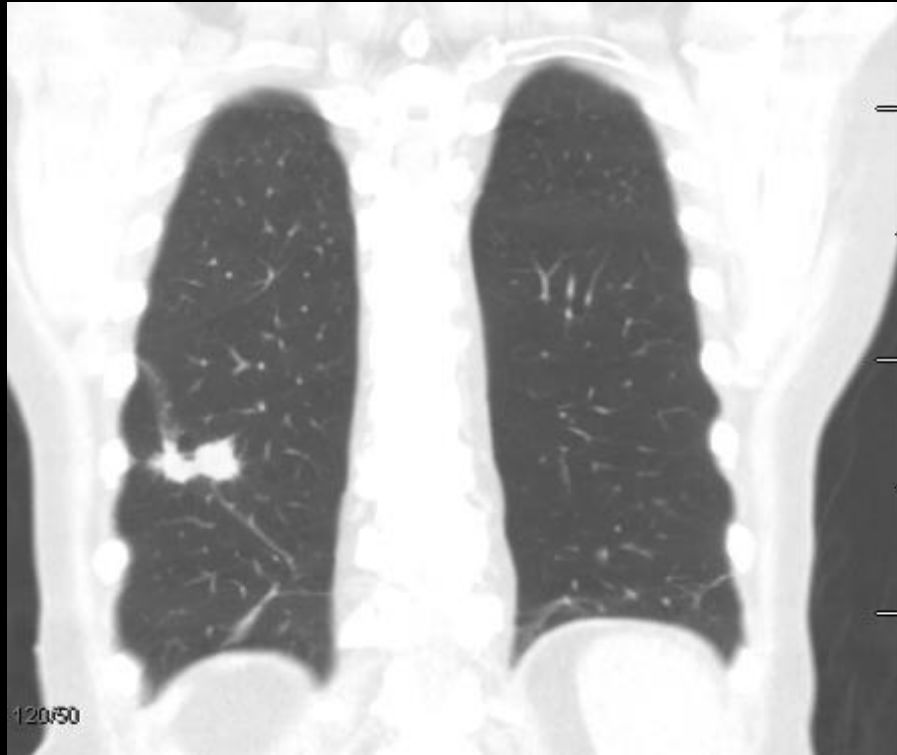
Department of Veterans Affairs

Memorandum

Date: NOV 27 2017

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Lung Cancer Screening with Low Dose Computed Tomography (VAIQ: 7845332)

To: Network Director (10N1-23)
VISN Chief Medical Officers (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)
Executive Director, Primary Care Operations (10NC3)
Chief Consultant for Preventive Medicine (10P4N)
Chief Consultant for Diagnostic Services (10P11D)

Co-Principal Investigators

Claudia Henschke, PhD, MD
Mt Sinai Medical School, NY

Rick Avila, MS
Paraxial

Bristol-Myers Squibb
Foundation

VHA Support and Guidance

Central Office
- Office of Strategic Partnerships
- Diffusion of Excellence
- Office of Rural Health
- Center for Innovation

National Programs
- Diagnostic Services
- Office of Information & Technology
- Health Promotion & Prevention (NCP)
- Oncology
- Radiation Oncology
- Quality Enhancement Research Initiative

VA | U.S. Department of Veterans Affairs

I-ELCAP – Lung Screening Sites

Since 1992
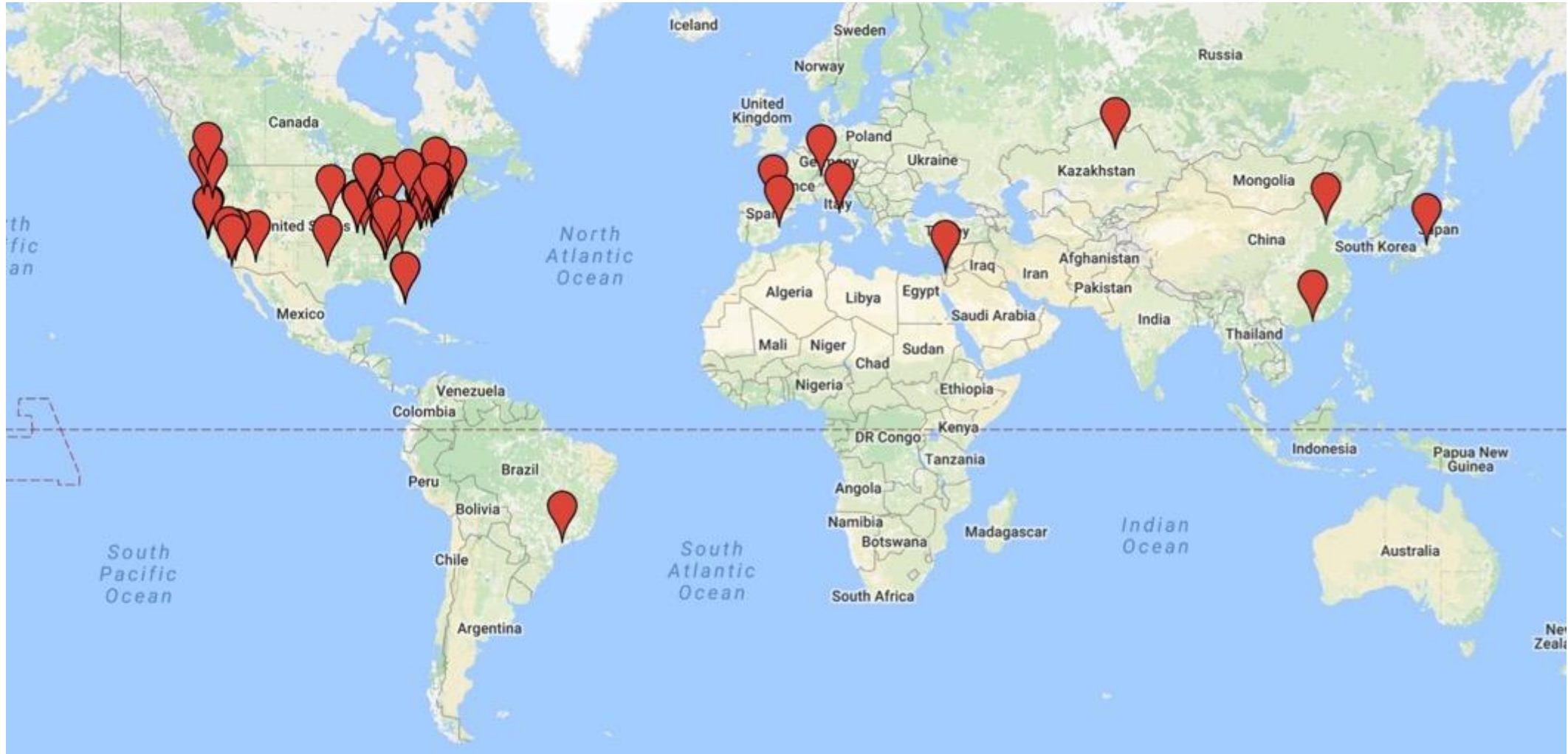
Project Goals Funded through FY20

1) **VAPALS-IELCAP Software Management System**
   - VistA-based – open source

2) **Implement Best Practices at 10 VAMCs**
   - Structured reporting (LungRADS or I-ELCAP protocols)
   - LDCT phantoms (Accumetra)

3) **Centralized Training and QA**
   - Navigator training
   - Radiology training (dual reads, on-site in-services)

4) **Evaluate Implementation, Analyze Outcomes**
   - Present to VA leadership (Quality, Operations, Policy)

ALPHA Site

-Phoenix

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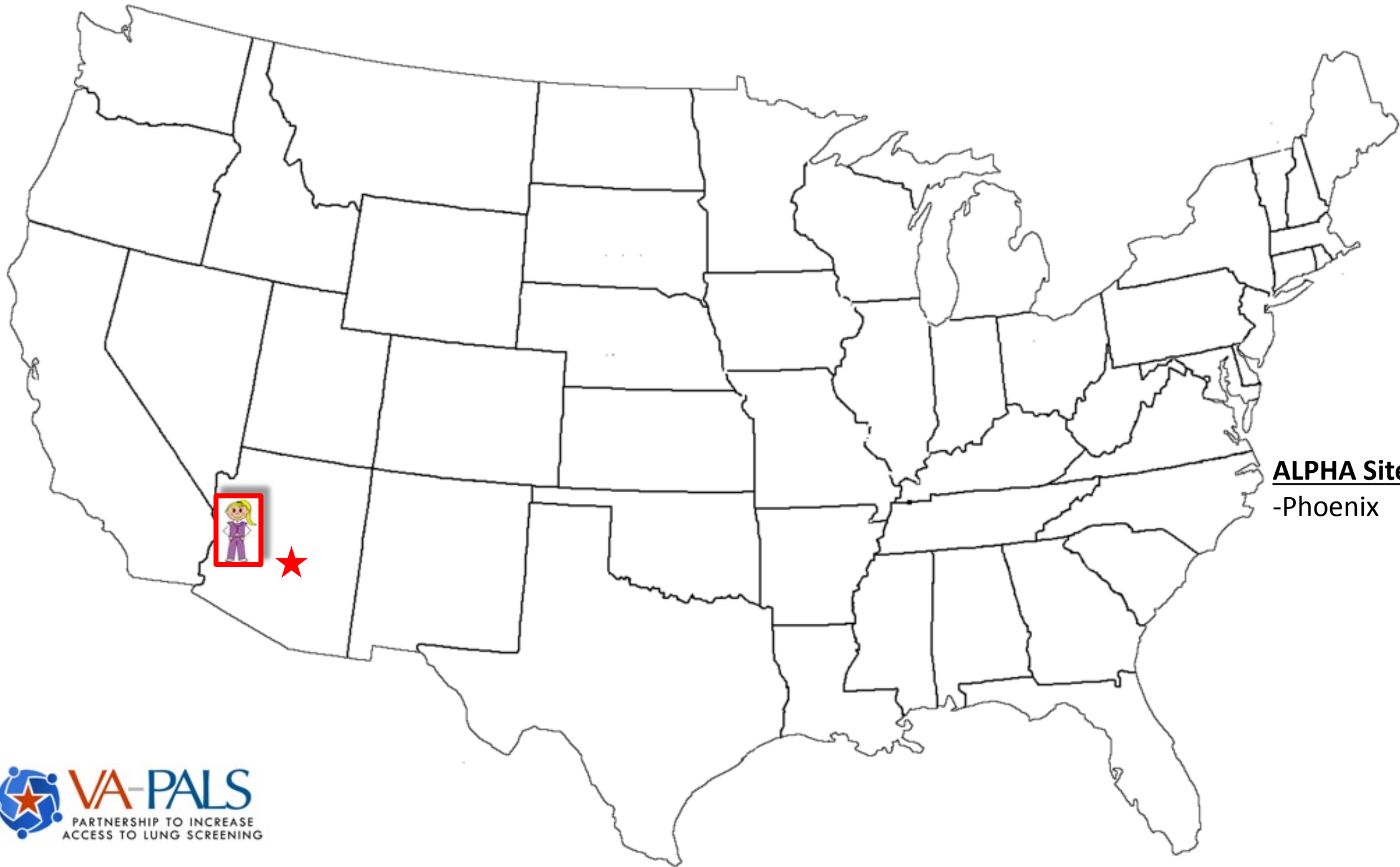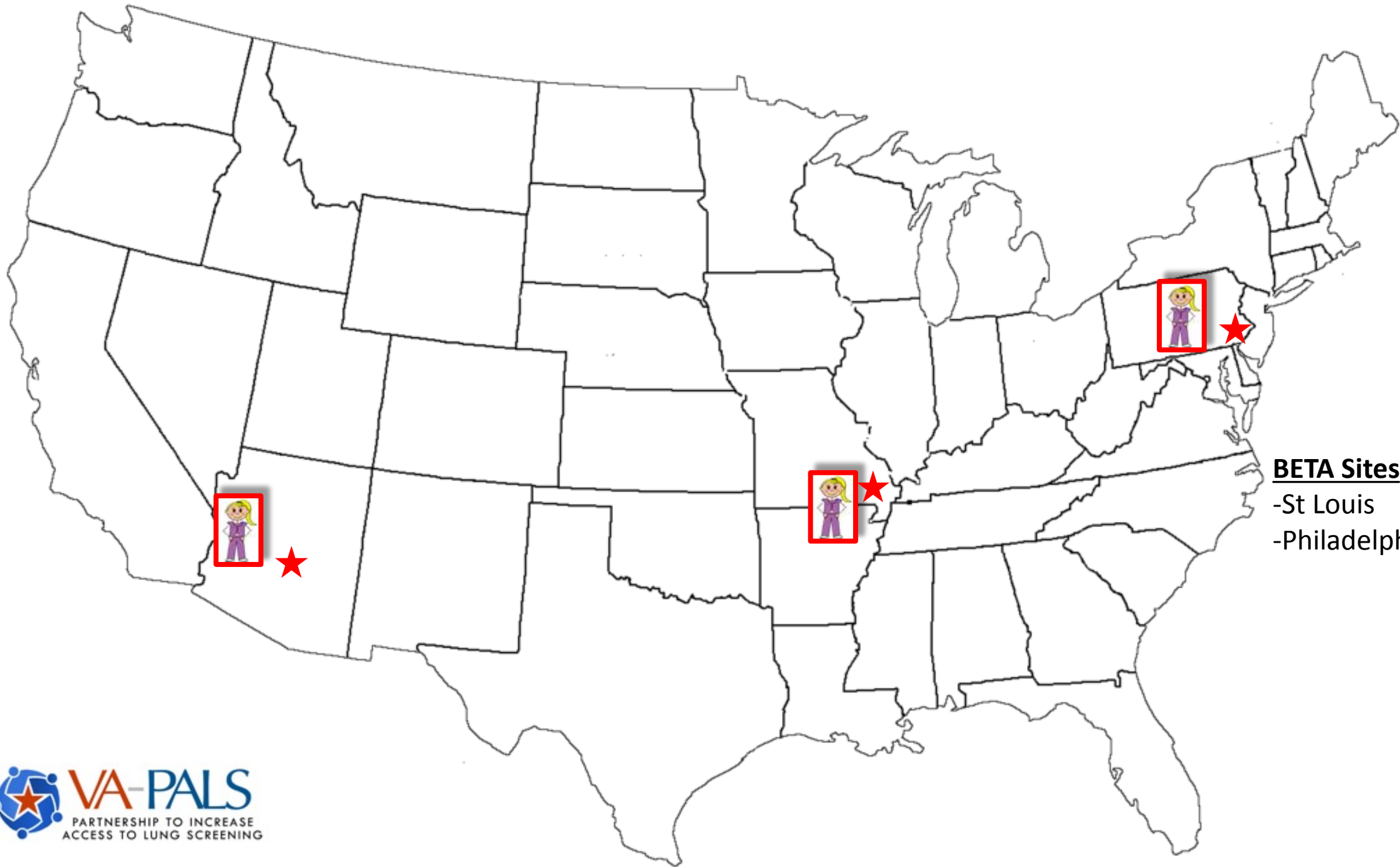
BETA Sites
-St Louis
-Philadelphia
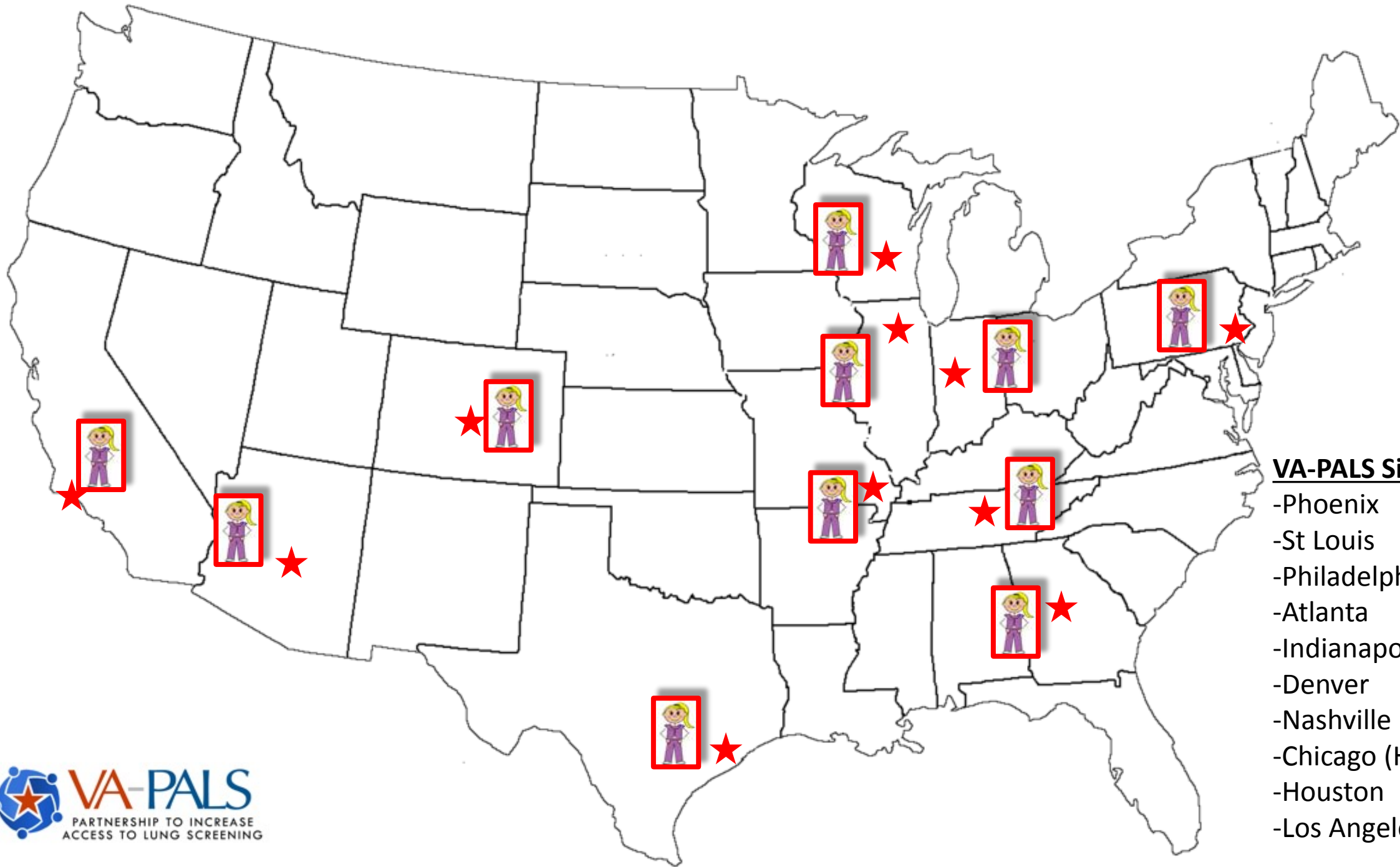
VA-PALS Sites
- Phoenix
- St Louis
- Philadelphia
- Atlanta
- Indianapolis
- Denver
- Nashville
- Chicago (Hines)
- Houston
- Los Angeles

VA-PALS
PARTNERSHIP TO INCREASE
ACCESS TO LUNG SCREENING

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VAPALS-ELCAP
PARTNERSHIP TO INCREASE ACCESS TO LUNG SCREENING

Home   Reports ▾

Patient Lookup

Patient

g

Gaylord304,Halie879			
Last 5: G5844	DOB: 11/01/1934	Gender: MALE	
Gaylord519,Trent121			
Last 5: G6762	DOB: 03/30/1963	Gender: MALE	
Gaylord674,Joyce307			
Last 5: G9329	DOB: 09/22/1963	Gender: FEMALE	VAPALS-ELCAP
Gerhold141,Ora75			
Last 5: G2939	DOB: 02/09/1957	Gender: MALE	
Gerhold486,Dixie737			
Last 5: G6598	DOB: 04/18/1952	Gender: MALE	VAPALS-ELCAP
Gerhold486,Eino921			
Last 5: G9949	DOB: 02/09/1997	Gender: FEMALE	VAPALS-ELCAP
Gerhold521,Rogers573			
Last 5: G1285	DOB: 07/03/1962	Gender: FEMALE	
Gerhold697,Nicole915			
Last 5: G3007	DOB: 09/02/1952	Gender: MALE	

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🔒 VA Citrix Access   VCU VCU Pubmed   📁 Journals   VCU VCU ESS   VCU VCU Libraries   🔒 Connect VCU Hea...   pb Forest Hill Park M...   VCU VCU Time Off Req...   Ⓒ Postop Nomogram   »

VAPALS-ELCAP
PARTNERSHIP TO INCREASE ACCESS TO LUNG SCREENING

Home   Reports ▾

Intake but no CT Evaluation

Enrollment Date	Name	SSN	Followup
5/23/2018	Dibbert829,Bethany196	999-11-2141	baseline
5/24/2018	Toy38,Laverne139	999-68-1215	baseline
6/11/2018	Adams529,Christop677	999-23-4212	baseline
6/12/2018	Effertz802,Caleb131	999-83-3568	baseline
6/14/2018	Abernathy614,Donavon721	999-98-9135	baseline
6/15/2018	Schaefer749,Nicolette831	999-92-6912	baseline
6/27/2018	Auer171,Eliezer702	999-67-1413	baseline
6/28/2018	Nikolaus949,Tobin128	999-75-8602	baseline
8/1/2018	Keebler293,Malinda715	999-34-4835	baseline
8/9/2018	Feeney725,Madilyn343	999-54-3455	baseline
8/10/2018	Altenwerth668,Darius875	999-75-8849	baseline
8/21/2018	Pfeffer335,Jason584	999-64-7860	baseline

CT Evaluation Form ✕ | +

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VA Citrix Access | VCU Pubmed | Journals | VCU ESS | VCU Libraries | Connect VCU Hea... | Forest Hill Park M... | VCU Time Off Req... | Postop Nomogram »

VAPALS-ELCAP
PARTNERSHIP TO INCREASE ACCESS TO LUNG SCREENING

Home   Case Review   Reports ▾

Gaylord304,Halie879 999-46-5844 DOB: 11/1/1934 AGE: 84 GENDER: M

CT Evaluation Form

Scan   Nodules   Emphysema/Coronary Calcifications   Other Abnormalities   Impression & Follow Up

Scan information

* CT study date

12/10/2018   📅

MM/DD/YYYY

Signing radiologist

[▾]

* Radiologist

[ ]

Clinical information

[ ]

☐ Include in impression

☐ CT scan performed at outside institution

CT Evaluation Form

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VA Citrix Access   VCU Pubmed   Journals   VCU ESS   VCU Libraries   Connect VCU Hea...   Forest Hill Park M...   VCU Time Off Req...   Postop Nomogram

Scan   **Nodules**   Emphysema/Coronary Calcifications   Other Abnormalities   Impression & Follow Up

+ Add nodule

Nodule ID	Nodule 1 🗑
* Is it new? ⑦	- ⇕
* Endobronchial? ⑦	- ⇕
* Most likely location? ⑦	- ⇕
* Nodule seen in series ⑦	[ ]
* Nodule seen in images ⑦	[ ] - [ ]
* Nodule status ⑦	- ⇕
* Nodule consistency ⑦	- ⇕
* Length (mm) ⑦	[ ]
* Maximum width (mm) ⑦	[ ]
Mean diameter (mm) ⑦	-
Height (mm)	[ ]
	[ ]
Volume (mm³)	Calculate
* Solid comp. of part-solid	[length] X [width]

CT Evaluation Form

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VA Citrix Access VCU Pubmed Journals VCU ESS VCU Libraries Connect VCU Hea... Forest Hill Park M... VCU Time Off Req... Postop Nomogram

Scan   **Nodules**   Emphysema/Coronary Calcifications   Other Abnormalities   Impression & Follow Up

* Solid comp. of part-solid   [lengtl] x [width]

Solid mean diameter(mm) ⑦   -

Smooth edges ⑦   ☐ Yes

Calcifications   ☐ Yes

Index Nodule ⑦   ☐

Spiculated   ☐ Yes

Distance from the costal pleura (mm)? ⑦   [   ]

Action ⑦   [-   ▾]

Comment ⑦   [   ]

Pathologic diagnosis ⑦   [-For Pathology Use Only-   ▾]

+ Add nodule

☐ Additional non-calcified nodules

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| Scan | Nodules | Emphysema/Coronary Calcifications | Other Abnormalities | Impression & Follow Up |

Impression

> Annual repeat and follow-up CT scans should utilize the same low-dose protocol used for baseline low-dose CT scans.

* Nodules

- ○ No evidence of nodules. Follow-up as recommended.
- ○ Nodule(s) as described. Consistent with old granulomatous disease. Follow-up as recommended.
- ○ Nodule(s) unchanged, as described. Follow-up as recommended.
- ○ Nodule(s) as described. Follow-up as recommended.

Other Findings

- ○ No other significant abnormalities.
- ○ Other abnormalities and suggested follow-up as described above.

Impression remarks

VA Citrix Access   VCU Pubmed   Journals   VCU ESS   VCU Libraries   Connect VCU Hea...   Forest Hill Park M...   VCU Ti...

Scan   Nodules   Emphysema/Coronary Calcifications   Other Abnormalities   **Impression & Follow Up**

Follow Up select one or more

CT follow up:

☐ Annual repeat   ☐ Now   ☐ 1 month   ☐ 3 months   ☐ 6 months   ☐ Other

Approximate follow-up date:

[   ] 📅

MM/DD/YYYY

Other follow up:

☐ Antibiotics   ☐ Diagnostic CT   ☐ PET   ☐ Percutaneous biopsy   ☐ Bronchoscpy   ☐ Pulmonary consultation   ☐ Refer to tumor board   ☐ No other further follow-up   ☐ Other

* Specify

[specify   ]

Lung-RADS

* Category

◯ Not applicable

◯ 0 (incomplete)

◯ 1 (negative)

◯ 2 (benign appearance or behavior)

◯ 3 (probably benign)

◯ 4A (suspicious)
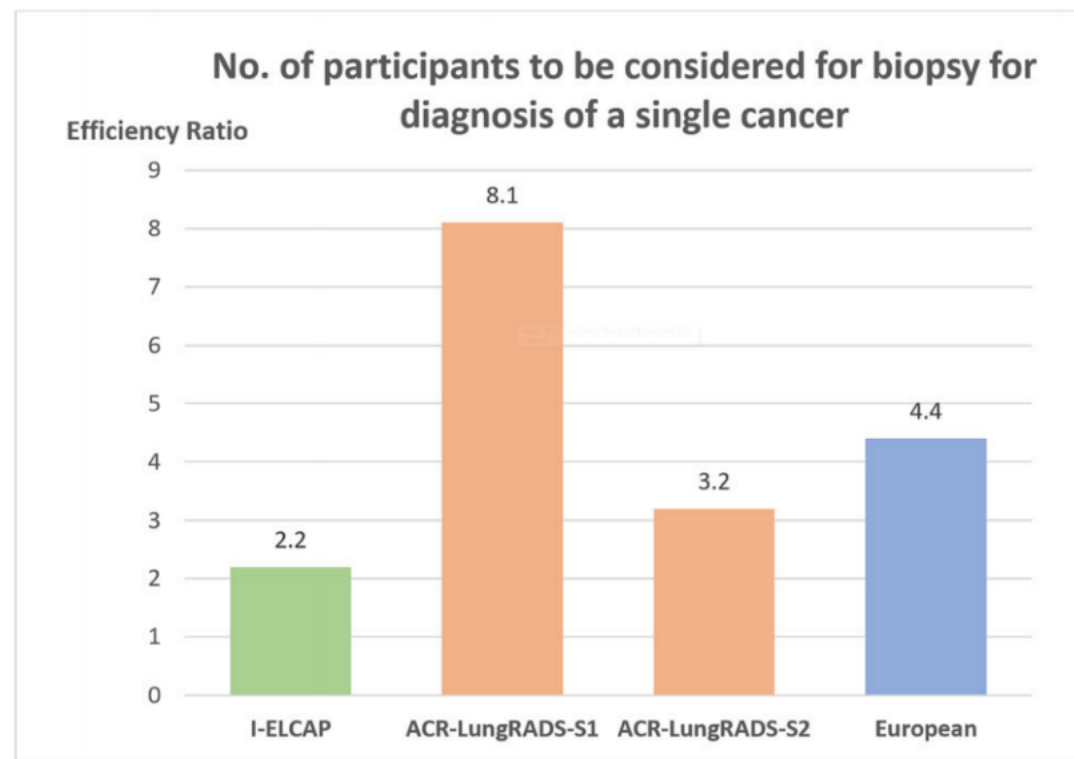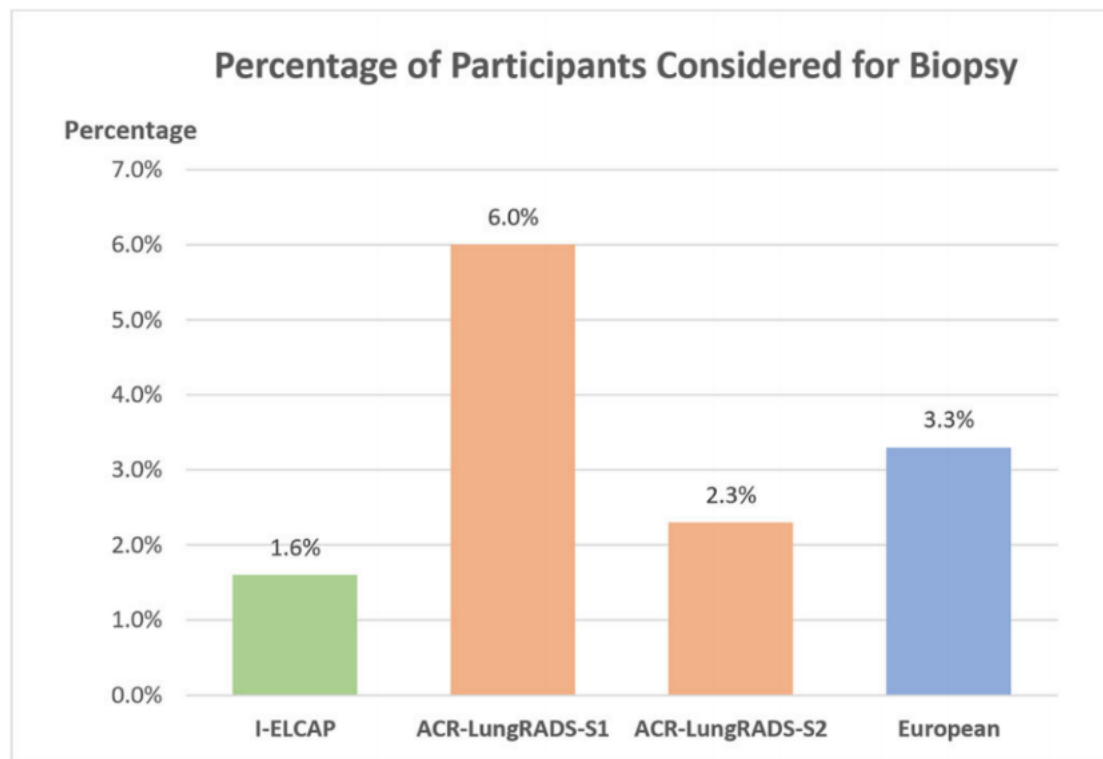
◯ 4B (suspicious)

◯ 4X (suspicious)

Modifiers

☐ S - clinically significant or potentially clinically significant findings (non lung cancer)

☐ C - prior diagnosis of lung cancer who return to screening

COMPUTED TOMOGRAPHY

CrossMark

CT screening for lung cancer: comparison of three baseline screening protocols

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Writing Committee for the I-ELCAP Investigators