



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

National Lung Cancer Roundtable
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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

Landmark study in The New England Journal of Medicine finds CT screening detects lung cancer early, when curable.

2010

VALIDATION

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

MILLIMAN I

Actuarial study comparing early and late stage lung cancer.

2011

GUIDANCE

NCCN releases first clinical guidelines for lung cancer screening.

2012

IMPLEMENTATION

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

MILLIMAN II

Actuarial study showing cost benefit of lung cancer screening.

NO ONE DESERVES TO DIE

National stigma awareness campaign.

2013

RECOMMENDATION

USPSTF recommends lung cancer screening for high risk; insurance companies must cover before end of 2015.

MILLIMAN III

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

LIVE MORE MOMENTS

National screening awareness campaign.

2014

MILLIMAN IV

Actuarial study showing lung cancer screening is cost effective and saves lives for high risk Medicare beneficiaries.

2015

COVERAGE

Medicare agrees to coverage for at risk seniors; 10M at risk >55 now covered.

SOURCE:
Lung Cancer Alliance



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

**LUNG
CANCER
ALLIANCE**

**YOU GET THESE
CHECKED REGULARLY.
WHAT ABOUT YOUR
LUNGS?**

Are you a heavy smoker or former heavy smoker, and are you 55 to 80 years old? Take charge of your lung health and ask your doctor about yearly lung cancer screenings.

**Think.
Screen.
Know.**

Talk to your doctor.

**SCREENING
CENTER OF
EXCELLENCE**

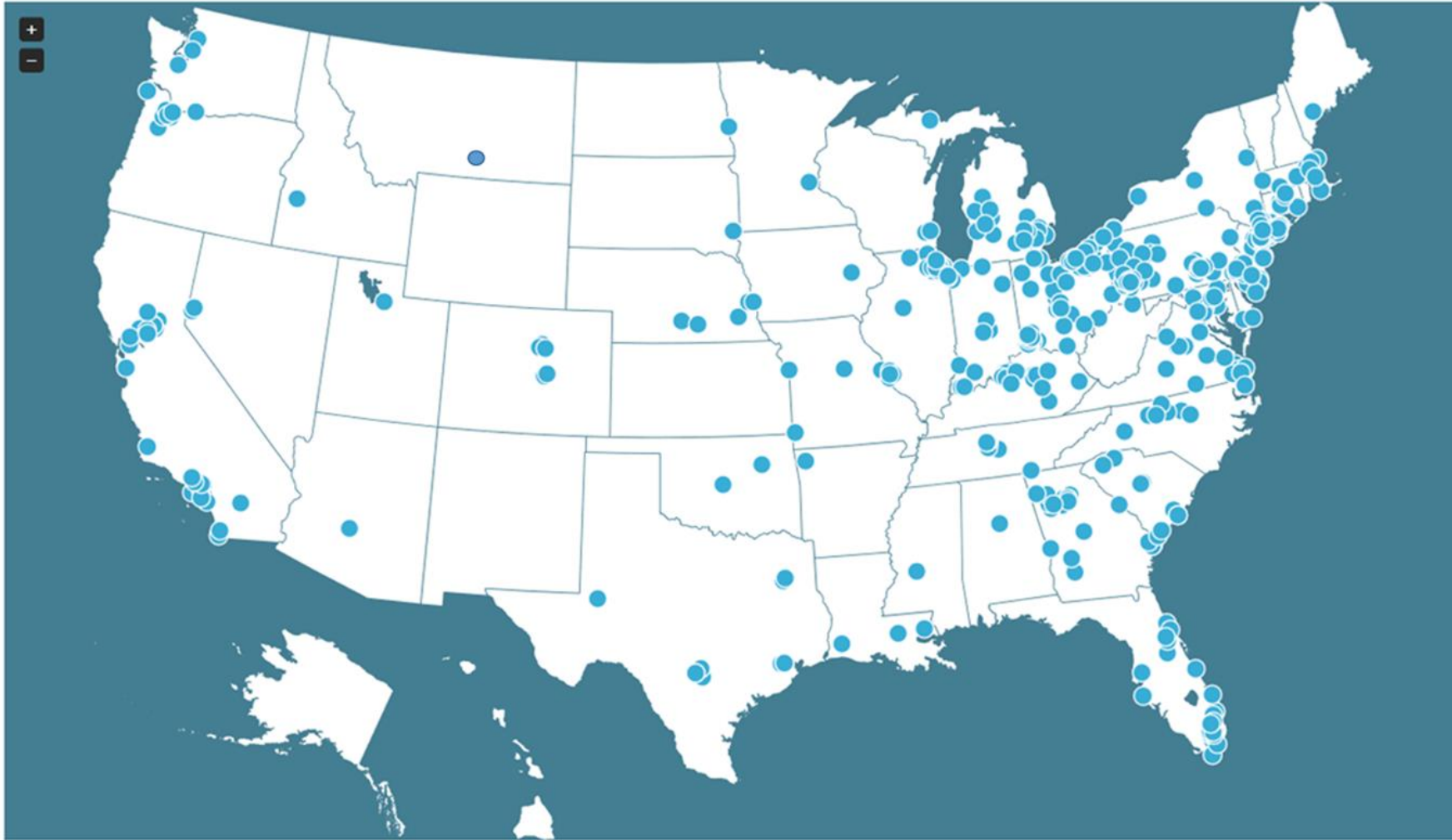
www.lungcanceralliance.org
1-800-298-2436

CASTL

Cessation and Screening to Save Lives



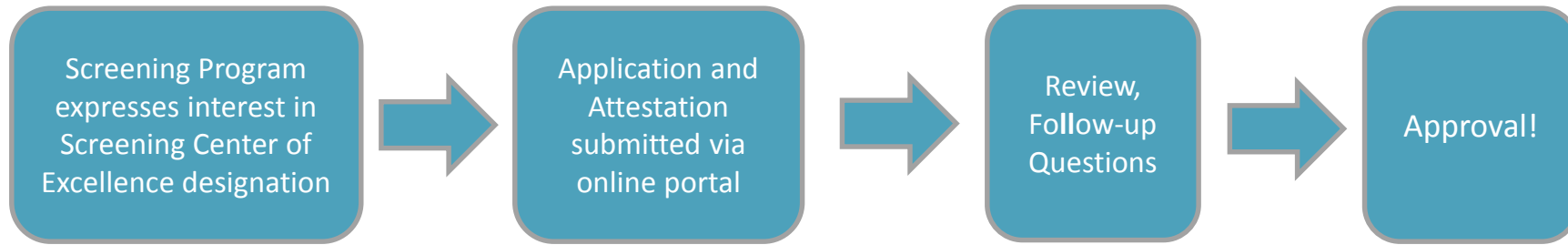
SCREENING CENTERS OF EXCELLENCE



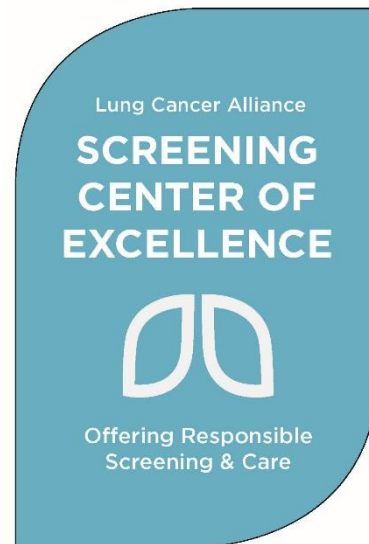
630+ screening centers, 42 states plus DC represented



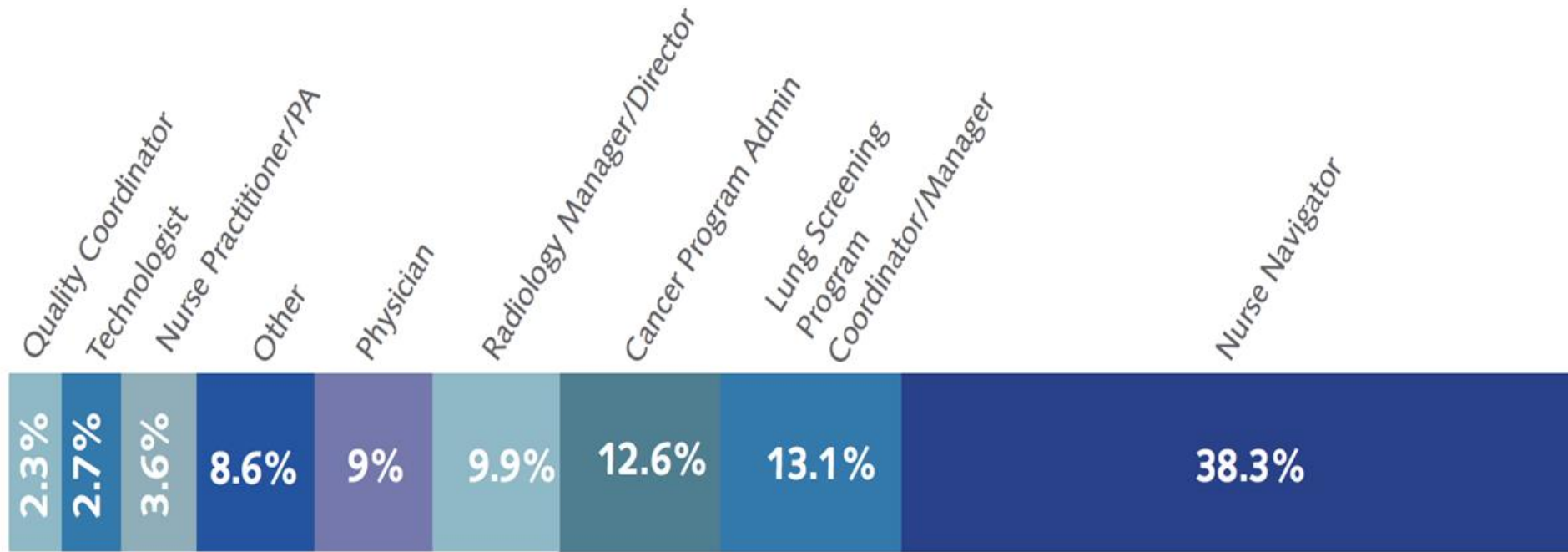
PROCESS



Interactive monitoring and ongoing relationship building



WHO IS HERDING THE CATS?



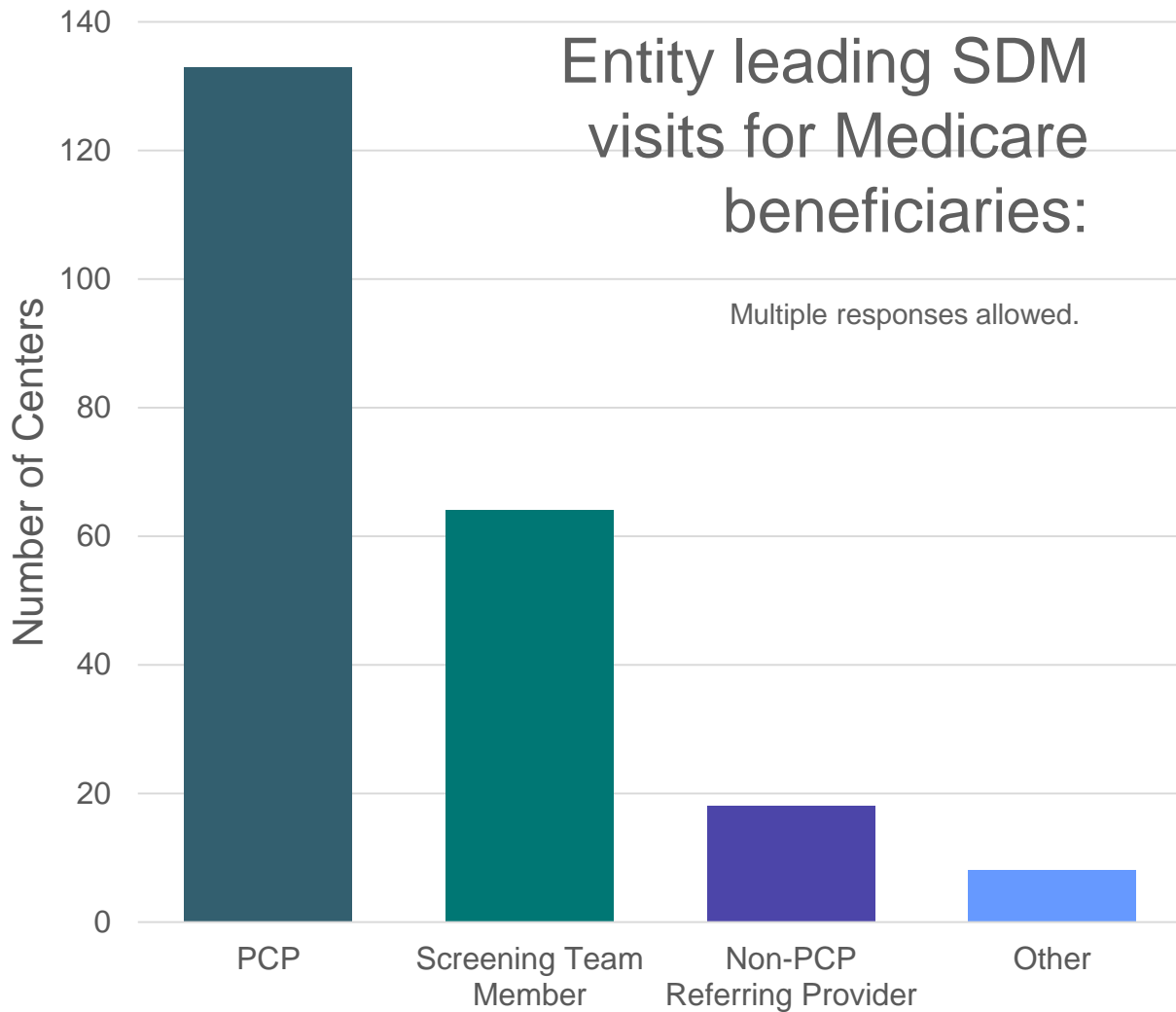
University/Academic Center Affiliated?



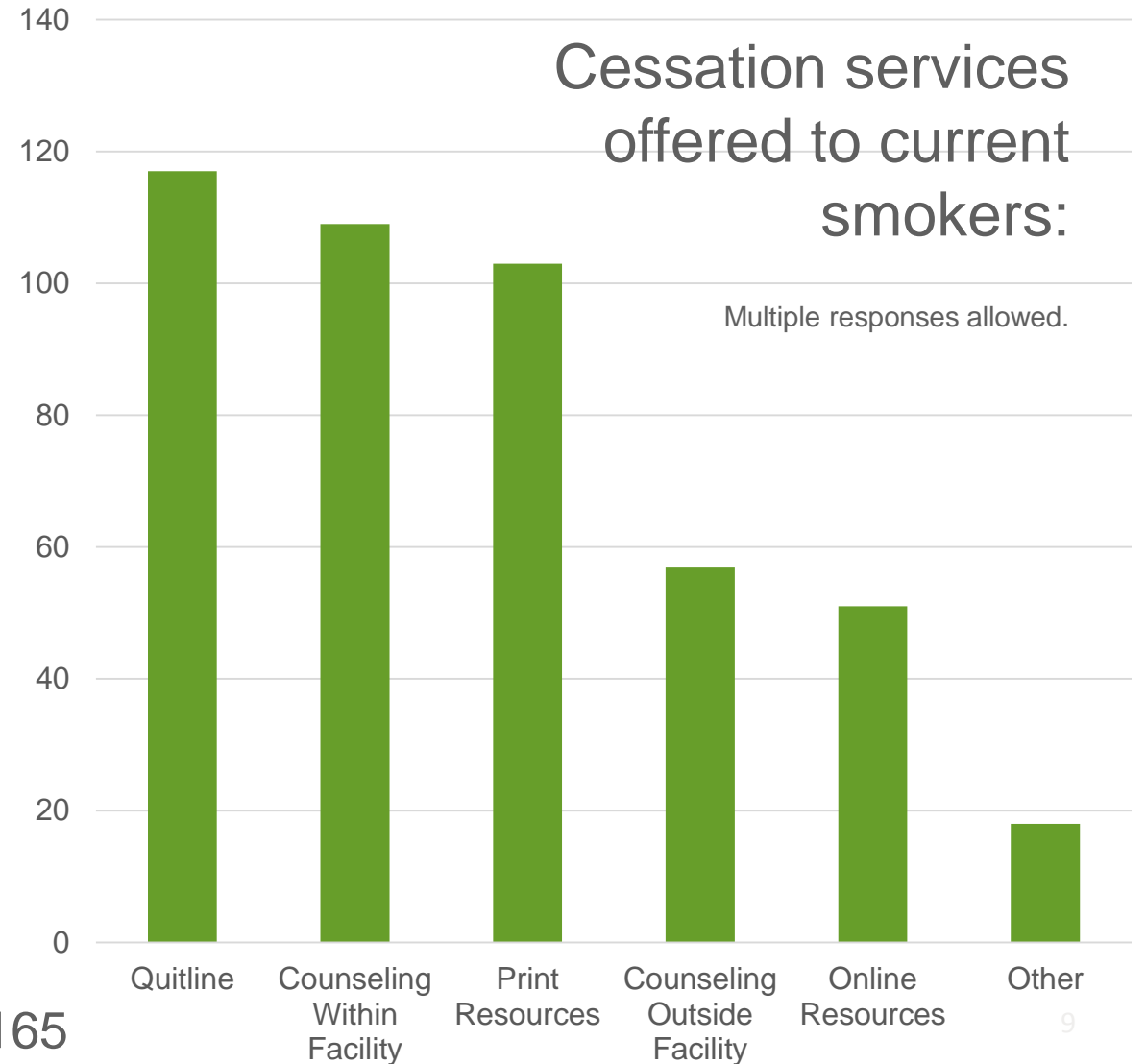
■ Yes ■ No



ADDRESSING CMS REQUIREMENTS

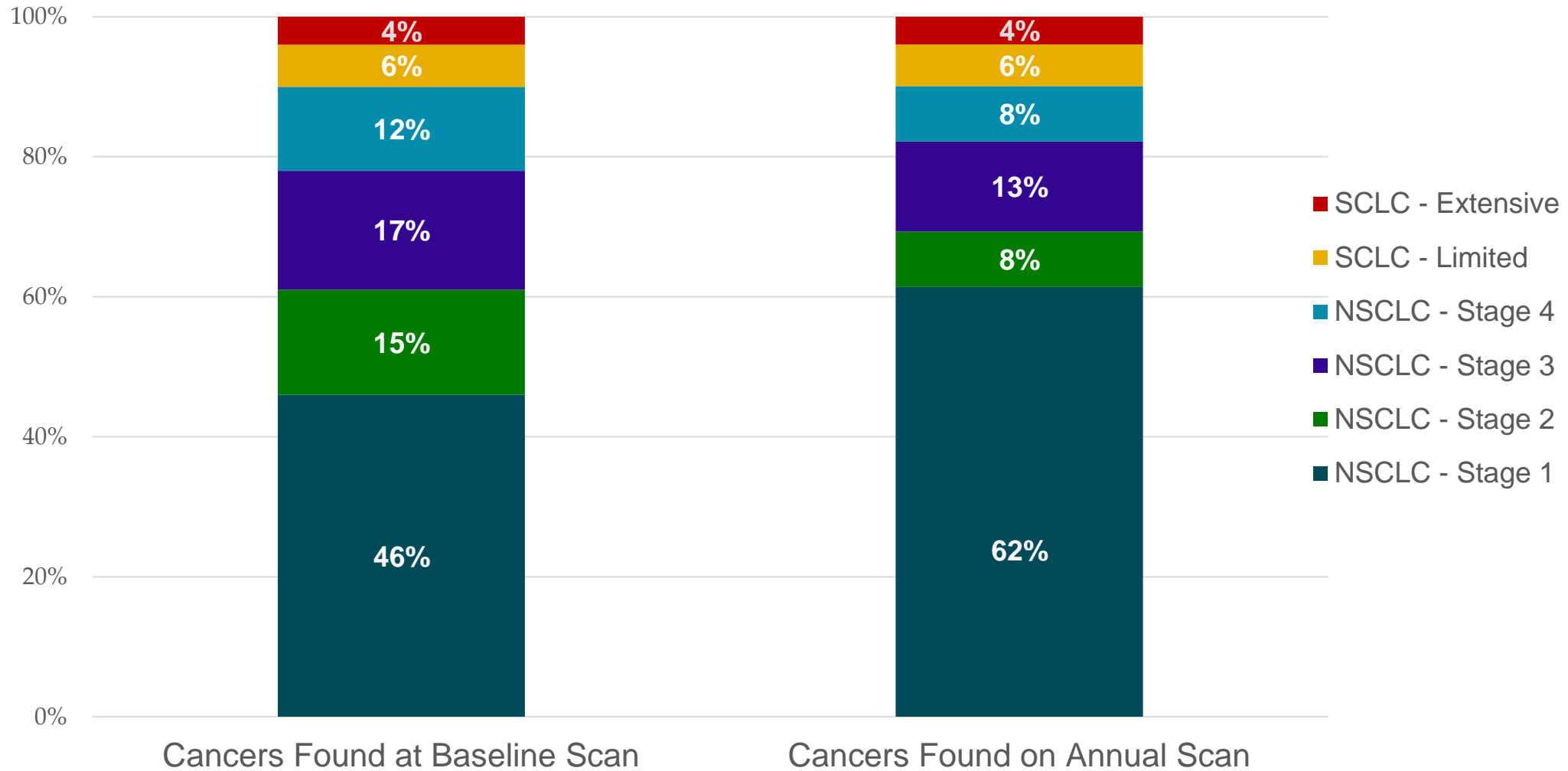


N=165



9

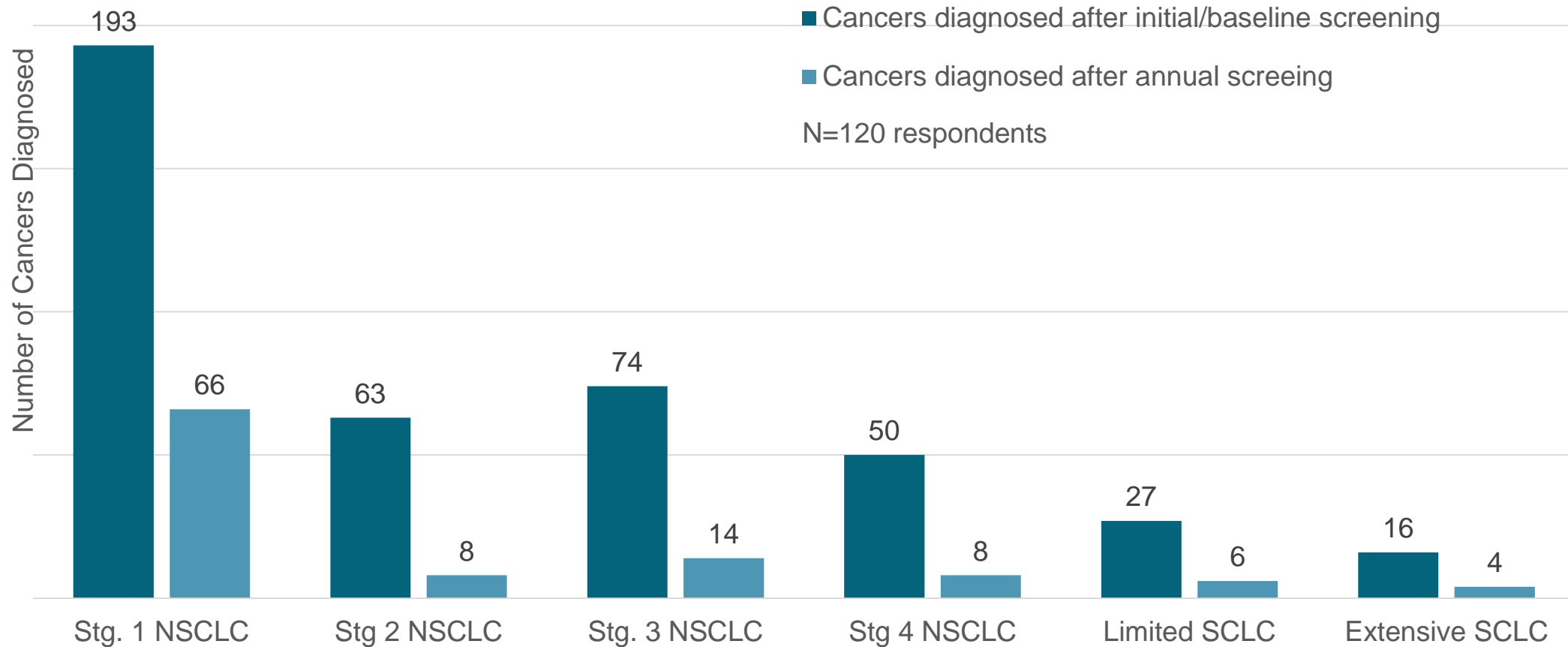
SCOE REPORTED RESULTS: CY 2016



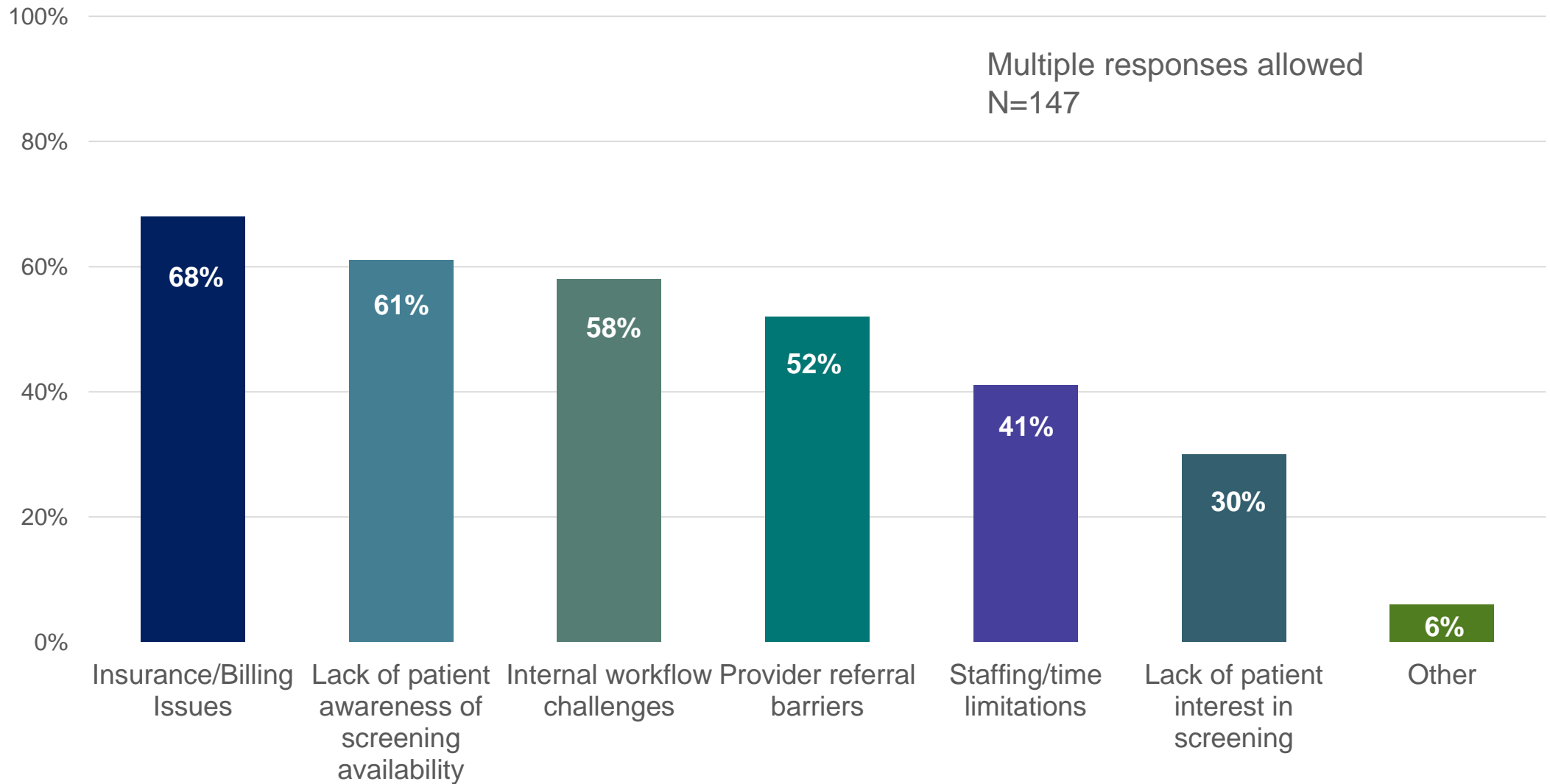
N=529 cancers reported



SCOE REPORTED RESULTS: CY 2016



IDENTIFIED BARRIERS



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

LUNG CANCER ALLIANCE