

Lung Cancer Screening Implementation Strategies Task Group



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NATIONAL LUNG CANCER ROUNDTABLE

LUNG CANCER SCREENING IMPLEMENTATION STRATEGIES TASK GROUP SHOWCASE

Mission: To identify and develop best practices for scalable screening models that also overcome barriers to the delivery of high quality lung cancer screening.

Implementation Strategies Task Group Members

Charles White, MD, Chair		Carey Thomson, MD, MPH, Vice Chair
Melinda Aldrich, PhD, MPH	Claudia Henschke, MD, PhD	James Mulshine, MD
Angela Criswell, MA	Jane Kim, MD, MPH	Robert Nicklas
Debra Dyer, MD	Bryan Loy, MD, MBA	Raymond Osarogiagbon, MBBS
Joelle Fathi, DNP, ARNP, CTTS	Peter Mazzone, MD, MPH	Bruce Pyenson, FSA, MAAA
Grant Greenberg, MD, MHSA, MA	Andrea McKee, MD	Debra Ritzwoller, PhD
	Gaetane Michaud, MD, MS	Christopher Slatore, MD, MS

Implementation Strategies Task Group Agenda

- **Completed Project Updates**
 - Electronic Health Record and Lung Cancer Screening Manuscript – Joelle Fathi
 - Implementation Strategies Task Group Strategic Plan Manuscript – Joelle Fathi
 - Quality Metrics for Lung Cancer Screening Programs Project and Manuscript – Peter Mazzone
- **Collaborative Projects**
 - Identifying and Modeling Required Resources for LCS and Nodule Surveillance – Carey Thomson
 - Collaborations with the ACR - Debra Dyer
 - Incidental/Important Findings on LCS Imaging
 - Economic One Pager
- **Planned Projects**
 - Policy Action Task Group: HEDIS – Carey Thomson
 - LCS in Women Task Group – Carey Thomson

Completed Project Updates

- Electronic Health Record and Lung Cancer Screening Manuscript– Joelle Fathi
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Integral Role of Electronic Health Record in Lung Cancer Screening Manuscript

Purpose

- Describe the integral role of the EHR and LCS tracking software in the effective implementation of LCS for both new and established programs

Recommendations

- Sophisticated software designed to:
 - Identify candidates for lung cancer screening, track lung cancer screening patients and related data points
 - Store, manage, and perform LCS data analytics
 - Be fully integrated and compatible with electronic health record and patient portal
 - Be capable of quality assurance and programmatic evaluation, process improvement, and performing the task of reporting required data to the LCS registry

[Thoracic Oncology Special Features]

 CHEST

The Integral Role of the Electronic Health Record and Tracking Software in the Implementation of Lung Cancer Screening—A Call to Action to Developers A White Paper From the National Lung Cancer Roundtable

 Check for updates

Joelle T. Fathi, DNP, MN; Charles S. White, MD; Grant M. Greenberg, MD, MHSA; Peter J. Mazzone, MD, MPH; Robert A. Smith, PhD; and Carey C. Thomson, MD, MPH

CHEST 2020; 157(6):1674-1679



Implementation Strategies Task Group Strategic Plan Manuscript

Creating Lung Cancer Survivors through Implementation of High-Quality Lung Cancer Screening: A White Paper from the National Lung Cancer Roundtable Implementation Strategies Task Group

Joelle T. Fathi, DNP, MN, Angela Criswell, MA; Grant M. Greenburg, MD, MHSA, MA; Claudia I. Henschke, PhD, MD; Jane J. Kim, MD, MPH; Peter J. Mazzone, MD, MPH; James L. Mulshine, MD; Bruce S. Pyenson, FSA, MAAA; Lillie D. Shockney, BSN; Robert A. Smith, PhD; Renda S. Wiener, MD, MPH; Charlie S. White, MD; and Carey C. Thomson, MD, MPH, for the Implementation Strategies Task Group

Purpose

- Identify challenges and discuss recommendations and actionable deliverables by the Implementation Strategies Task Group for implementing high-quality lung cancer screening

Quality Metrics for Lung Cancer Screening Programs Project and Manuscript

Proposed Quality Metrics for Lung Cancer Screening Programs: A National Lung Cancer Roundtable Project

Peter Mazzone, MD, MPH, Charles White, MD, Robert Smith, PhD,
Ella Kazerooni, MD, MS, Carey Thomson, MD, MPH

Quality Indicators for Lung Cancer Screening Programs

Topic	Drafted	Retained	Data
Who is Screened	6	2	1
Shared Decision Making	4	2	2
LDCT Performance	3	1	1
LDCT Findings	3	3	1
Evaluation of LDCT Findings	8	5	2
Diagnosis and Treatment	6	2	1
Total	30	15	8

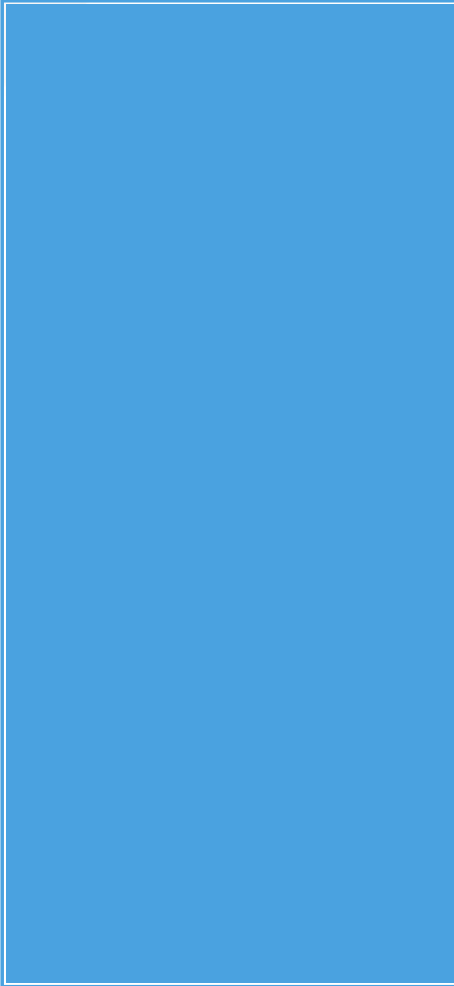


Quality Indicators for Lung Cancer Screening Programs

- The percentage of individuals who complete LDCT screening for lung cancer who are **screen-eligible** based on the USPSTF criteria
- The percentage of current smokers who participate in LDCT screening who have documentation of a **smoking cessation intervention** (e.g. discussion, an offer to participate in a smoking cessation program) during the shared decision-making visit.
- The percentage of lung cancer LDCT screen eligible individuals who complete a LDCT exam and are identified to have LungRADS **category 1 or 2** findings who **complete an annual LDCT screening exam.**
- The percentage of individuals who completed a LDCT lung cancer screening exam and were identified to have a LungRADS **category 3** nodule in which a **surveillance LDCT scan is performed at 6 months** (+/- 2 months).
- The percentage of individuals who completed a LDCT lung cancer screening exam and were identified to have a LungRADS **category 4** nodule in which a **surveillance LDCT scan is performed at 3 months** (+/- 6 weeks), **or additional diagnostic evaluation is performed within 3 months.**
- The time in days from identification of a LungRADS category **4B or 4X** lung nodule/mass on a LDCT screening exam, in someone with lung cancer, to the **diagnosis of lung cancer.**



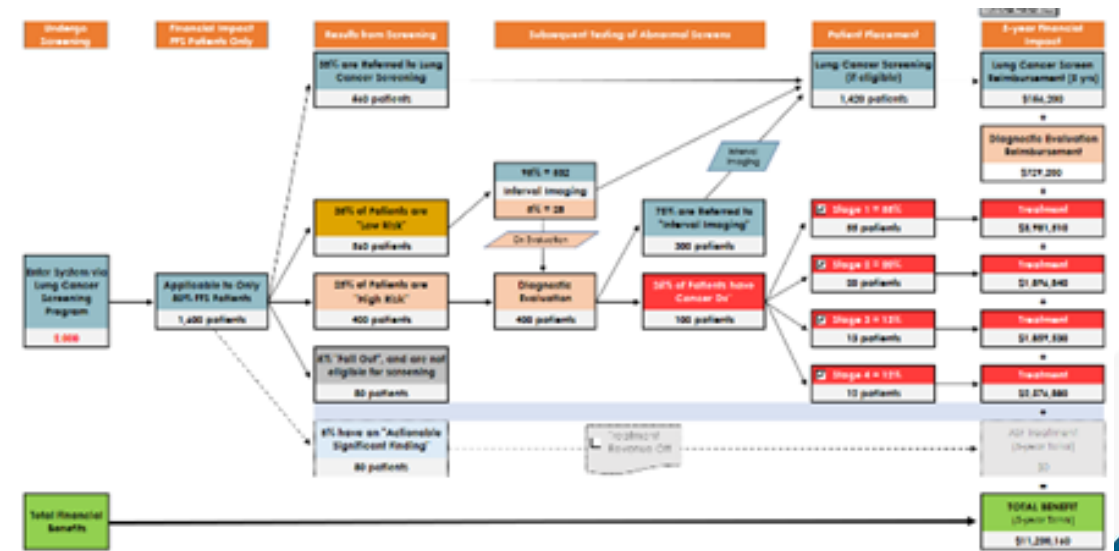
Collaborative Projects



- Identifying and Modeling Required Resources for LCS and Nodule Surveillance – Carey Thomson
- Collaborations with the ACR - Debra Dyer
 - Incidental/Important Findings on LCS Imaging
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Identifying and Modeling Required Resources for LCS and Nodule Surveillance

- **Support our State based initiatives**
 - Most frequently reported need
- **Chair – Carey Thomson**
 - Charlie White, Grant Greenberg, Joelle Fathi, Gaetane Michaud, Raymond Osarogiagbon, Chris Slatore, Ella Kazerooni
- **Deliverables**
 - Tool for use by any individual center or network
 - Letter sent to organizations and hospital associations
- *** More on this topic tomorrow during the Plenary Session**



LCS Incidental Findings Quick Guide

Target audience: LCS navigators who assist in the care coordination of LCS patients.

Recommendations based on White Papers for Incidental Findings and peer-reviewed references

Document will also likely be useful to referring providers

Initial draft -> content expert review-> final draft

Quick guide identifies common Incidental findings and significance

Final draft currently undergoing revisions for "readability"

Typical management and/or follow-up recommendations are described

Goal: Finalize and distribute quick guide early in 2021



ACR Lung Cancer Screening Economics & Billing Quick Reference Guide

ACR®
AMERICAN COLLEGE OF
RADIOLOGY



This guide is intended to answer commonly asked questions about lung cancer screening logistics, program requirements, economics, and billing issues.

Definitions	
Chest CT	Generic term encompassing low-dose and non-low-dose CT, with or without IV contrast.
LDCT	Chest CT using low-dose technique—an imaging technique used to evaluate the chest primarily for lung nodule detection, follow up, and lung disease. The LDCT (low-dose chest CT) technique is required for lung cancer screening.
Interval CT	Short interval chest CT or CTA performed “off-cycle” between annual screening exams for diagnostic purposes. In most cases, performed with LDCT technique.
Surveillance CT	Diagnostic chest CT performed for surveillance in patients with known lung cancer, generally evaluating for recurrent cancer.
Program specifics	
Site accreditation requirements	<p>For CT: CT accreditation is required for non-hospital-based outpatient facilities that bill for CT under part B of the Medicare physician fee schedule.</p> <p>For ACR® Lung Cancer Screening Center Designation: Facility must have ACR CT Accreditation and participate in the ACR Lung Cancer Screening (LCS) Registry.</p> <p>For ACR LCS Registry participation: ACR CT accreditation is not required.</p>
Ordering provider	An order for LCS LDCT must be provided by a licensed independent practitioner. Order may be electronic or paper-based.
Shared decision making	<p>Face-to-face discussion by a licensed independent practitioner (physician, NP, and PA) (required by Medicare for first-time screen only); however, this discussion can be performed and reimbursed multiple times per year.</p> <p>Can be performed as part of the Evaluation and Management (E&M) visit and billed with a 25 modifier. Optional but reimbursable (by Medicare) for subsequent annual LCS CT.</p>
Smoking cessation intervention	<p>Smoking cessation interventions and services must be offered to current smokers. If smoking cessation counseling is provided, it must be documented separately.</p> <p>Smoking cessation counseling can be reported in addition to an E/M visit, performed on the same day by the same licensed independent provider, by appending 25 modifier to the appropriate level of E&M service.</p>
Lung-RADS®	<p>Used for interpreting low-dose LCS CT exams and interval follow-up CTs for screen-detected abnormalities that may be lung cancer.</p> <p>If an interval CT is performed for another reason, Lung-RADS® use is recommended when possible for the lung nodule-specific findings.</p> <p>Use is required for participation in the ACR Lung Cancer Screening Registry™.</p>
ACR Lung Cancer Screening Registry	<p>Submission of data to a CMS-approved registry is required for CMS coverage of LCS CT. The ACR Lung Cancer Screening Registry is currently the only CMS-approved registry.</p> <p>Submission of data on all screening exams is required regardless of insurance coverage, i.e., not just Medicare patients. The ACR submits a subset of data to CMS.</p>



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NATIONAL LUNG CANCER ROUNDTABLE

Planned Projects

- Policy Action Task Group: HEDIS – Carey Thomson
- LCS in Women Task Group – Carey Thomson



Planned Projects

- **Policy Action Task Group: HEDIS**
 - Interest in a lung cancer screening metric
 - Multi-stakeholder involvement
 - Initial conversations with Policy Action TG/NCQA
- **LCS in Women Task Group:**
 - “Multimodal Intervention Strategies to Improve Lung Cancer Screening for Women Undergoing Breast Screening”
 - PIs: Carey Thomson ISTG & Kim Sandler LCS in Women TG
 - Lung Cancer in Women Showcase tomorrow afternoon

Thank You