

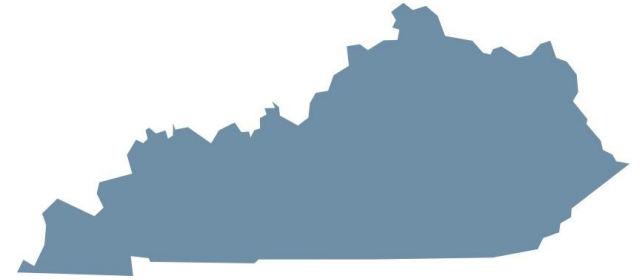
# *Early Efforts to Engage Clinicians Regarding Lung Cancer Screening in Kentucky*

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# 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*
- Luncheon 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)

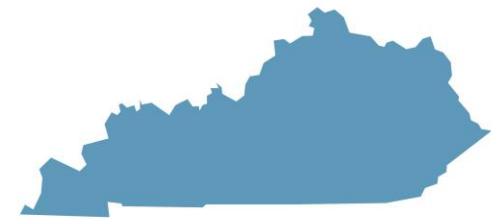


- *Directly* reached hundreds of clinicians and engaged community members throughout the state
- *Indirectly* reached thousands of clinicians and community members through media coverage (e.g., tv, radio, newspaper)
- Conclusions/Accomplishments
  - 1) Tremendous engagement/attendance throughout the 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*.



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# *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



# LCS – SDM Program Content

- ① Overview
- ② Lung Cancer Epidemiology/Justification for Screening
- ③ History of Lung Cancer Screening Research
- ④ Recent Lung Cancer Screening Research Results (NLST & PLCO)
- ⑤ Emerging Screening Guidelines (USPSTF, ACS, NCCN, LCA)
- ⑥ Implementation of Lung Cancer Screening–Key Components
  - ❑ Patient Navigation, Tobacco Cessation, Shared Decision Making
- ⑦ Shared Decision Making
  - ❑ Basic Principles of Shared Decision Making
  - ❑ Shared Decision Making in Lung Cancer Screening
- ⑧ Conclusions & Discussion



# LCS – SDM Continuing Education Program

## Pilot Project with Marcum – Wallace Hospital

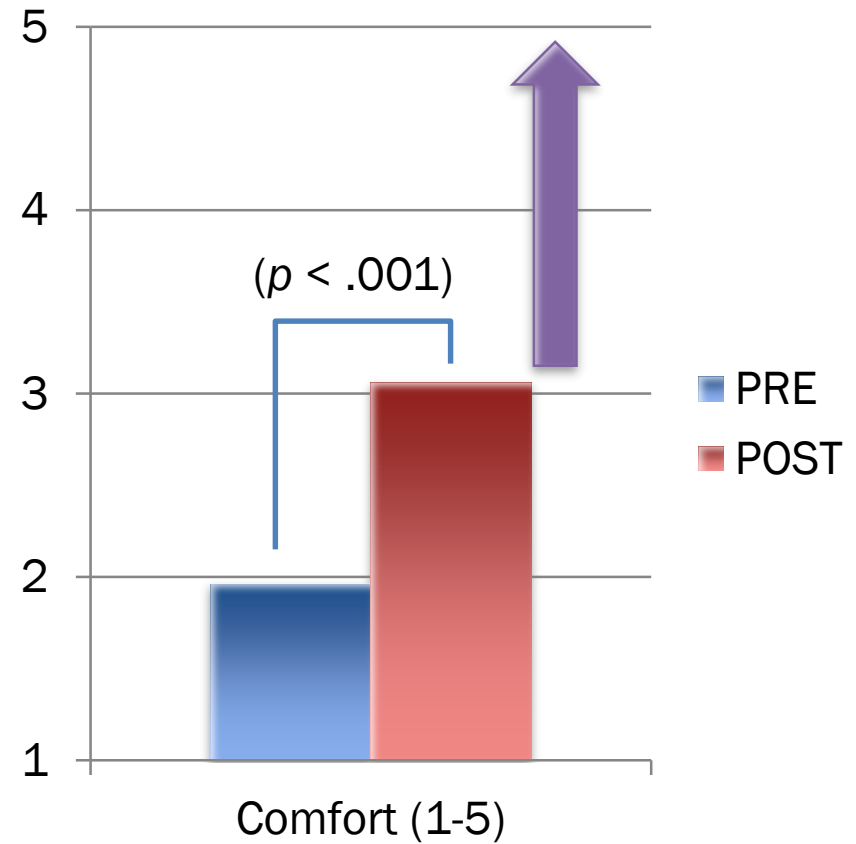
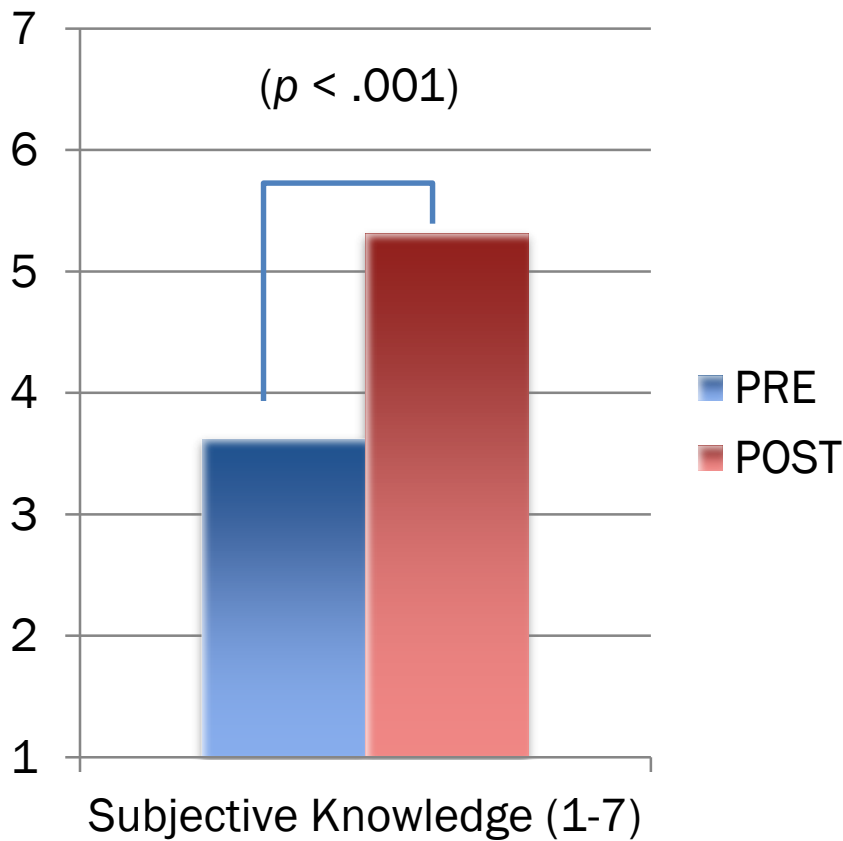
### Procedure & Measures

- 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 ( $\pm 1.82$ ) on a scale of 0 to 10.

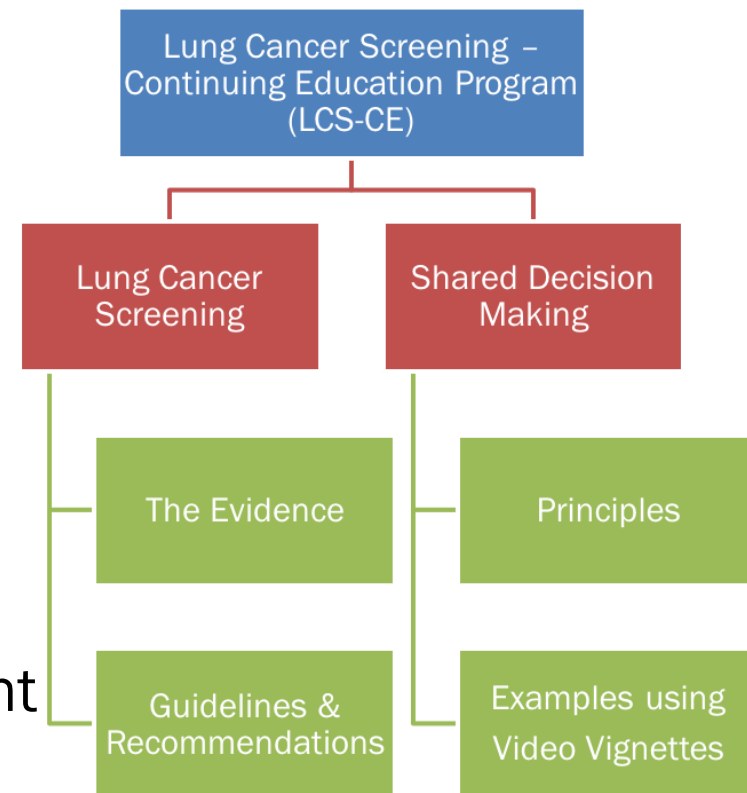
# *A diverse group of rural PCPs demonstrated benefit following the LCS-SDM CE program.*



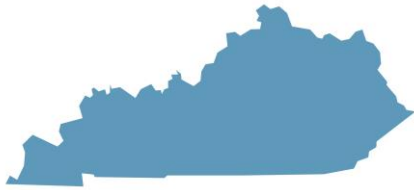
# Disseminating LCS through Shared Decision Making: A Web-based CE Intervention for Primary Care Clinicians

## ■ 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.



# Kentucky Statewide Effort to Address Lung Cancer Screening Implementation



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DETECTION • SURVIVORSHIP



**Bristol-Myers Squibb  
Foundation**

**UK**HealthCare  
Markey Cancer Center

  
**LUNG CANCER ALLIANCE**

**James Graham Brown  
Cancer Center**  
A proud member of **UL** Health Care

# Kentucky LEADS Collaborative

## ■ *Component 1: Provider Education*

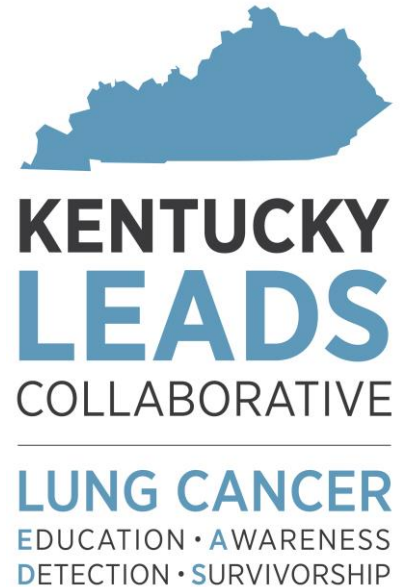
Educate and train primary care clinicians in Kentucky regarding implementation of innovations in lung cancer prevention, control, and care.

## ■ *Component 2: Survivorship Care*

Develop and evaluate a novel lung cancer survivorship care program for survivors and caregivers.

## ■ *Component 3: Prevention & Early Detection*

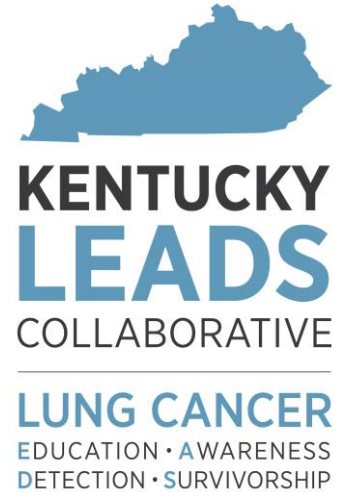
Facilitate implementation of high quality lung cancer screening throughout Kentucky.



# *Provider Education Efforts*

## ■ Four Educational Offerings:

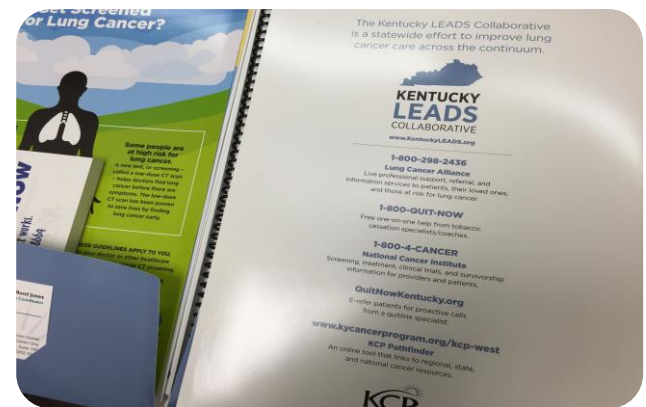
- 1) Academic Detailing (January, 2016)
- 2) Large Group Presentations (February, 2016)
- 3) Online Training Course (April, 2016)
- 4) Webinars (March, 2017)



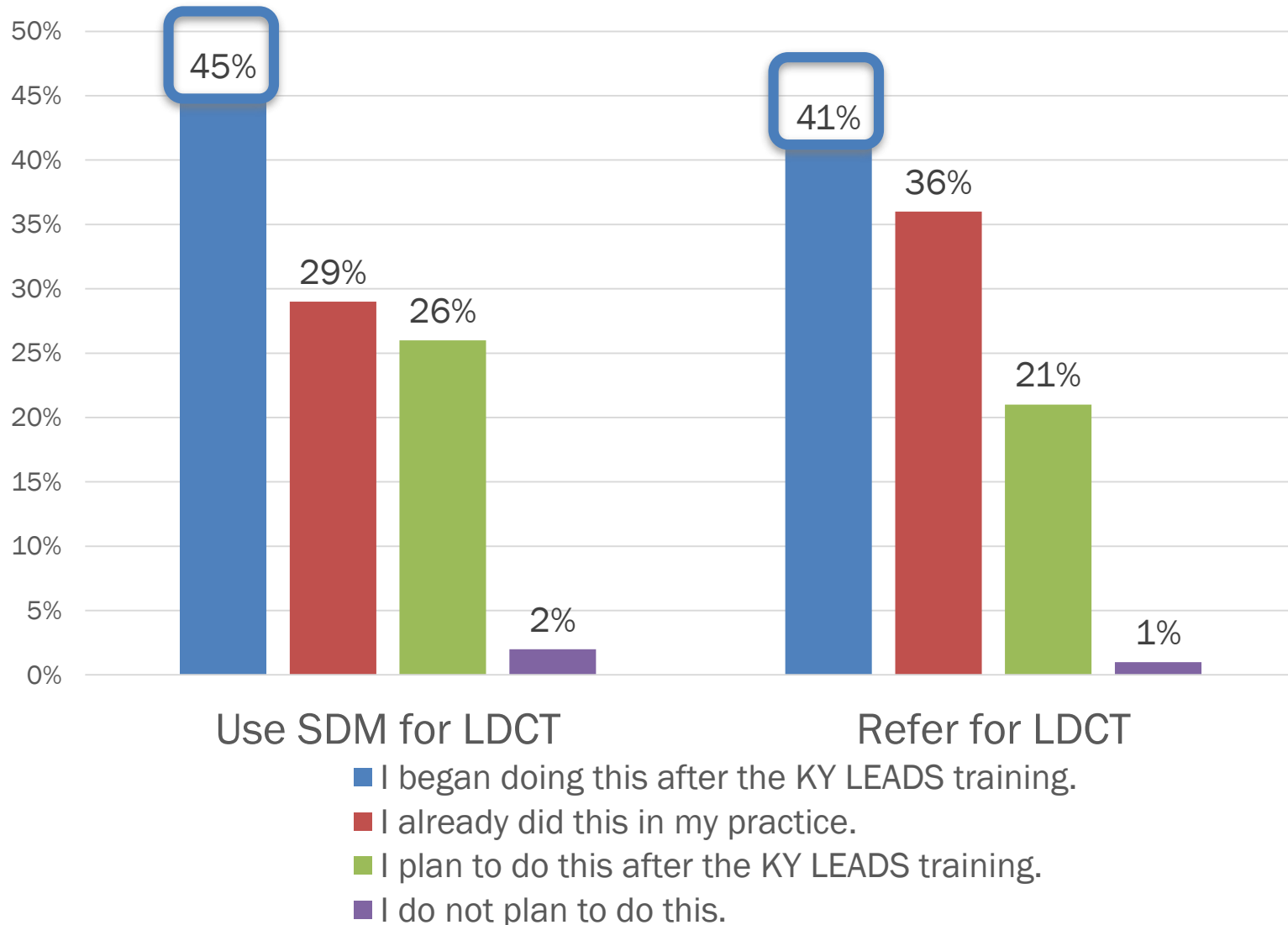
# REACH: Primary Care Clinicians

Intervention	PCPs Educated	Non-PCPs Educated
Academic Detailing	985	922
Large Group Presentation	254	285
Online Courses	79	34
Webinar	85	32
<b>TOTAL</b>	<b>1,403</b>	<b>1,273</b>

Provider Type	Total Educated
MD/DO	631
NP	511
PA	101



# Three Month Follow Up Evaluation about Academic Detailing from 211 PCPs



# 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

	State	# Facilities	# Exams	Population
1	MA	44	13801	14
2	PA	93	9865	6
3	NY	99	9608	2
4	MI	73	8876	8
5	FL	104	7840	4
6	KY	66	7583	26
7	NC	72	7302	10
8	OH	94	6980	7
9	TX	113	5795	2
10	IL	46	5465	5

[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!