

ALA/ATS GUIDE AND WEB-BASED TOOLKIT FOR IMPLEMENTATION OF LUNG CANCER SCREENING

Carey Thomson, MD, MPH

Chief, Pulmonary and Critical Care

Associate Chair, Department of Medicine

Director, Lung Cancer Screening and Nodule Program

Mount Auburn Hospital

Associate Professor, Harvard Medical School

Conflict of Interest

- None

Medicine: A+ in Reinventing the Wheel



implementation lung cancer screening program

Google Search

I'm Feeling Lucky

[Create your own Google logo with code](#)



Two Heads are Better Than One

Leaders in LCS from the ATS and ALA *independently* recognized the need for sharing strategies for successful implementation of LCS programs and the common barriers to that effort



Support

MOU between the ALA and ATS

ALA:

ALA support

Grant from



ATS:

Executive Committee support

Year 2 support: internal grant funding

Leadership



Carey Thomson, MD ATS

Eileen Larsson
ATS Staff and IT



Andrea Mckee, MD ALA

Susan Rappaport
ALA Staff and IT



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP



Massachusetts CT Lung Screening State Survey Results

Commonwealth of Massachusetts
Department of Public Health

Survey of LDCT Lung Cancer Screening Facilities

June 2017

Conducted for:
Massachusetts Comprehensive Cancer Prevention and Control Program
Lung Cancer Workgroup



Prepared by:
Ulrich Research Services, Inc.
Jim Flagg, Vice President
Robert O'Connor, Research Analyst
1329 Kingsley Avenue, Suite A
Orange Park, Florida 32073
Phone (904) 264-3282

- **119 ACR registered sites in MA**
 - **91 confirmed LCS services**
 - **37 (31%) MA facilities participated**
- **54 sites from other states participated**

Executive Summary

- **The major barriers to the adoption of lung cancer screening included:**
 - Identification of high risk individuals
 - Data tracking
 - Data entry for CMS approved registry
 - Lack of infrastructure/resources
 - Lack of physician and public awareness

Executive Summary

- **Great challenges with follow-up of abnormal scans and completion of annual follow-up with greatest challenges identified as:**
 - coordination of follow up scans
 - limited staff for surveillance workload
 - getting accurate documentation from providers

Executive Summary

- **89% were interested in a statewide QI learning collaborative**
- **Most interested in information about:**
 - best practices in LCS
 - support regarding tracking patients
 - education of primary care providers
 - data gathering and reporting

ALA/ATS Guide Objectives

- Produce a guide to address ***common challenges*** associated with implementing a LCS program across ***diverse settings*** by ***diverse leaders*** in LCS
 - PRACTICAL & OPERATIONAL
 - “IMPLEMENTATION IS LOCAL”
- To develop a web based toolkit for the guide and for the resources to support implementation of LCS programs
- This is ***NOT*** a guideline or position statement, but instead a ***survey of current practice and operational strategies***

Panel Members

- Clinicians associated with LCS
 - From diverse specialties
 - From diverse settings
 - LCS program directors, administrators
- Nurse navigator
- Data management/coordinators
- Researchers
- Implementation experts
- QI experts
- Medical Education, Patient Education
- Patient advocacy

Members

	Carey Thomson <i>Mt Auburn, Harvard</i>	Andrea McKee <i>Lahey</i>	
Peter Mazzone <i>Cleveland Clinic</i>	Renda Wiener <i>Boston University, VA</i>	Andrea Borondy-Kitts <i>Lahey</i>	Gaetane Michaud <i>NYU</i>
Chris Slatore <i>Oregon, VA</i>	Michael Gould <i>Kaiser</i>	Edwin Jackson <i>OSU</i>	Charles Powell <i>Mt Sinai</i>
Brady Mckee <i>Lahey</i>	Kaitlyn Kelley <i>Mount Auburn</i>	Carla Lamb <i>Lahey</i>	Carolyn Frucci <i>Private Practice</i>
Tanner Caverly <i>Michigan, VA</i>	Kim Sandler <i>Vanderbilt</i>	Eric Hart <i>Northwestern</i>	David Cooke <i>UC Davis</i>
David Madtes <i>Seattle Ca</i>	Mark Deffebach <i>Oregon, VA</i>	Al Rizzo <i>ALA</i> <i>Christiana Care</i>	Andrea Wolf <i>NYU</i>
ATS Eileen Larsson Staff, IT	Shawn Regis <i>Lahey</i>	Jim Mulshine <i>Rush</i>	ALA Susan Rappaport Staff, IT

Process

- Dec 2016- April 2017: Co-Chairs, ATS and ALA staff
 - Q and A survey structure *linked to specific authors by design*
 - **FOCUS ON CHALLENGES**
 - *WHAT DO YOU DO?*
 - *HOW DO YOU DO IT?*
 - *WHAT DID YOU ASK IN THE BEGINNING?*
 - *WHAT DO OTHERS ASK YOU?*
 - Profile survey and vignettes
 - Resources and links
- Web based Toolkit in phase 2

Process

- May: In person workshop ATS IC, Washington, DC;
- July: PRS submitted for phase 2 web based toolkit
- Oct: In person ATS Summit, Orlando
 - Guide review; IT
- Nov: Profiles and vignettes completed; Resources
- Content near finished...goal end of December

The Guide

Preface is important

Section 1: “Implementation” based Guidelines and Policy Statements/Outline of Guide

Section 2: Panel Survey and Vignettes of Program Structure

Q and A with identifiers

Section 3: Planning: business, marketing, outreach, program structure and oversight, metrics, insurance requirements

Section 4: Eligibility and Pre-Screening Counseling

The Guide

Section 5: LCS process, reporting, incidental findings, communication, annual screening adherence

Section 6: Surveillance and follow-up of findings

Section 7: Smoking Cessation

Section 8: Benchmarking measures

Section 9: Bibliography and References

Section 10: Resources and links

Next Steps: Web Toolkit

Goal: Living Guide

- Content of the guide: PDF to download
 - Brief identifying information to access
 - Searchable
 - Linkable within the document
 - Linkable to external resources, including tools and videos, marketing materials, patient education materials
 - Content additions by audience/vetting by Co-Chairs
 - Early 2017: Meetings in person
-
- **May 2017: Planned initial introduction to the public**

Thank you, Colleagues

- Andrea McKee, MD
- ALA: Al Rizzo, Susan Rappaport and ALA Staff/IT, ALA leadership
- ATS: Eileen Larsson, and ATS Staff/IT, ATS leadership
- Project members
- Genentech
- Roundtable