

# *Bristol-Myers Squibb Foundation Grantee Summit 2018*

Charleston, South Carolina | April 9-11, 2018



# LuCa National Training Network

## Kentucky Cancer Program – University of Louisville

Celeste T. Worth, MCHES

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Bristol-Myers Squibb Foundation

**Specialty Care for  
Vulnerable Populations**

Care Collaborations & Patient Support

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**Bridging Cancer Care™**  
*Community Awareness, Prevention and Care*

# Project Goal and Objectives

Establish a national education and training center/network to improve lung cancer care across the continuum of disease.

1. Engage health systems in the delivery of optimal lung cancer care among provider networks
2. Create partnerships with national and state professional organizations, government agencies, and non-profit groups to promote education and training services
3. Work with national partners to develop customized education and training programs to meet the needs and interests of constituents
4. Revise/adapt Kentucky LEADS educational programs, toolkits, and materials for national application
5. Provide technical assistance on requested topics
6. Facilitate collaboration among organizations and individuals with vested interest in lung cancer care
7. Research and communicate lung cancer care updates to national partners
8. Offer multi-modality, continuing education programs to multi-disciplinary health professionals
9. Share office-based tools to enhance the delivery of best practices in prevention, screening, treatment, and survivorship

# Innovation

- First national effort to educate providers, through intermediary organizations, on lung cancer
- Project seeks to build capacity for improving provider awareness, knowledge, and efficacy around managing those at risk for and diagnosed with lung cancer
- First national attempt to raise the prominence of lung cancer as a disease that can be strongly impacted on a national scale with actions taken by those providing primary care
- This one-of-a-kind entity is intended to streamline the multiple efforts in various states to educate PCPs around lung cancer – to reduce duplication of effort and ensure that current, science-based tools, materials, and approaches are deployed
- Technical assistance will be offered to guide educational efforts, and platforms created and made available so those involved in provider education on lung cancer can share experiences with each other

## Anticipated Challenges/Questions:

- Challenge of working with health systems having changing priorities (not being lung cancer) and convincing them that it's to their benefit to educate providers on all facets of lung cancer care.
- Question of when starting the national efforts, whether to be more reactive to needs/requests or proactive in areas of highest lung cancer burden? Also, whether to focus on places with larger populations for sheer number of lung cancer cases or places where the lung cancer prevalence rates are higher?
- Challenge of access to providers in their practices with the expectation of food being provided and the lack of funding to do so, in addition to front staff resistance to allowing visits with providers.

# Lung B.A.S.E.S. 4 Life Program

Levine Cancer Institute -Atrium Health

Co-PI's: Mellisa Wheeler MHA, Derek Raghavan MD PhD

Mellisa Wheeler, Director, Dr. Daniel Carrizosa, Medical Director

Darcy Doege, Program Coordinator



# Project Goals, Objectives and Activities

- **The first Mobile Lung Cancer Screening Unit**
  - **Designed to target vulnerable populations throughout North and South Carolina**
  - **Programmed local education to community partners and providers**
  - **Close Navigation for all screening patients to assure follow up is achieved**
  - **Intended to screen 1200 patients over the 3 year grant, smoking cessation, nicotine replacement**
  - **9 Counties being served currently**
- **DATA FROM FIRST 186 CASES**
  - **195 nodules detected**
  - **4 biopsy-proven cancers**
  - **2 resected tumors**
  - **2 metastatic tumors**
  - **26 incidental findings**

## Our System at a Glance:

900

care locations  
throughout  
the Carolinas

47

hospitals (owned,  
managed or strategic  
affiliation) across 3 states

65,000+

employees

11.6 million

patient encounters

7,400

licensed beds

\$1.87 billion

in community benefit

As of December 2019

LEVINE CANCER INSTITUTE

## Our full continuum of care includes:



- Freestanding emergency departments
- Urgent care centers
- Physician practices
- Outpatient surgery centers
- Imaging centers
- Laboratories
- Pharmacies
- Medical office buildings
- Nursing homes

## We're committed to:

- Providing extensive support to advance medical research
- Operating top-notch undergraduate and graduate medical education programs
- Launching outreach initiatives to boost population health and community health

# Innovation

- **The Lung BASES 4 Life Program is the first of its kind in the United States.**
- **By utilizing mobile medicine to offer screening to underserved patients, it allows for barriers of poor access, geographic isolation, lack of health education and poverty to be overcome. These are established factors that lead to late presentation with lung cancer.**
- **The program was initiated for uninsured patients prior to availability for well-resourced, insured patients (who have alternative options for screening)**

# Key Challenges to Date

- **Certificate of Need in North and South Carolina**
- **Smoking Cessation**
  - **Getting people to quit**
  - **Follow through with quitting**
  - **Does screening encourage people to quit**
- **Definitive work-up and treatment of nodules**
- **Follow up care and no shows**
- **Impact of negative initial screens.**



A Collaborative Partnership with 20+ Institutions  
Lead Organization - Maine Medical Center

Paul Han, MD, MA, MPH (PI)  
Neil Korsen, MD, MS (Co-PI)



# MLCC Rationale, Goals & Vision

- Maine has a high lung cancer burden:
  - 6th highest incidence, 12th highest mortality in US
  - 11th highest prevalence of current smokers in US
  - Environmental risk factors (radon, arsenic)
  - Geographic, sociodemographic inequalities—rural burden
- Goals - Reduce overall & disparate lung cancer burden by:
  - Stakeholder engagement and education
  - Community-based strategies to increase access to evidence-based lung cancer prevention, screening, and treatment services
  - Focus on vulnerable, high-risk Mainers

## OUR VISION



# Innovation: Multi-pronged Approach

*Prevention & Screening; Research & Implementation;  
Clinic & Community; Systems & Persons; Providers & Patients*

- Prevention

- Formative research: focus groups with 50 disengaged rural adults
  - Community health workers linking primary care patients to services
  - Primary care pilot and integrated tobacco treatment to improve access
  - New approaches to integrating tobacco treatment and lung cancer screening

- Early Detection

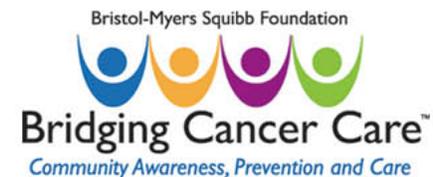
- Primary care survey to assess knowledge, attitudes and current practices
  - Provider training to increase use of evidence-based guidelines
  - Telemedicine-based delivery of shared decision making counseling
  - Stakeholder-engaged development of decision support tools

## Challenges: Rural At-Risk People Report Systemic and Personal Barriers to Evidence-based Care

- Fatalism: Focus group participants doubt they can reduce risk
  - “What’s the chances of me ... not dying of cancer ... Kind of like it’s inevitable.”*
  - “I think ... I’ll just accept dying rather than ... go through the pain of quitting.”*
  - “The thought of just getting screened makes my heart race. I don’t know if I want to know what’s happening.”*
- Mistrust: Some report skepticism about providers and care
  - “I’ve been through quite a few doctors so far because I can’t find one to take me seriously or listen to what I have to say.”*
  - “They don’t have any feelings almost ... feels like here it is, take it or leave it.”*
  - “My personal opinion about the whole thing is it’s all about money.”*

# Lung Cancer Screening

Ralph Lauren Center for Cancer Care  
Diani Nevares  
Ettice Womble  
Lewis J. Kampel, M.D.



# Project Goals, Objectives and Activities

- Ultimate goal is to develop techniques that would lead to reduction in lung cancer incidence and mortality in Harlem and surrounding communities.
  - Outreach to more than 10,000 people
    - FQHCs, health fairs, community advisory boards etc.
    - Patients and families being seen at RLCCC for non cancer diagnoses
    - Physician outreach
  - Low dose CT screening per existing guidelines
  - Referral to smoking cessation programs at RLCCC
  - Advocacy: the question about expanding guidelines for vulnerable populations was not answered

# Key Challenges to Date

- Yogi Berra Principle: “If they won’t come you can’t stop em”
- Lack of onsite CT created barriers to screening
  - Multiple appointments needed for screening to be completed
  - Insurance issues created barriers to screening
  - Navigators were unable to overcome problems with outside providers
- Multiple providers of lung cancer screening and smoking cessation services
- Lack of oversight by one responsible person
- No pre planned data collection structure
- Plan for follow up of abnormal scans was not specified

# The American Cancer Society's Health centers Advancing Lung cancer Early detection (HALE) Pilot

Shauna Shafer

Health Systems Manager, Primary Care



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# Project Goals, Objectives and Activities

- The American Cancer Society (ACS) HALE pilot is working in 2 communities to:
  - Help FQHC's implement systems to identify patients eligible for low dose CT (LDCT)
  - Stimulate collaboration among local partners and support development of structures and relationships to improve delivery of LDCT
- Four primary goals:
  - Advance evidence-based strategies to increase LDCT screening rates within primary care systems
  - Collaborate with Health plans to reduce barriers to repeat/follow up screenings
  - Navigate patients through screening process and follow up
  - To increase timely access to specialists after a positive screening result

# Innovation

**Lung cancer screening - LDCT should be thought of as a process, not a one-time test.**

## **Reduction of Barriers**

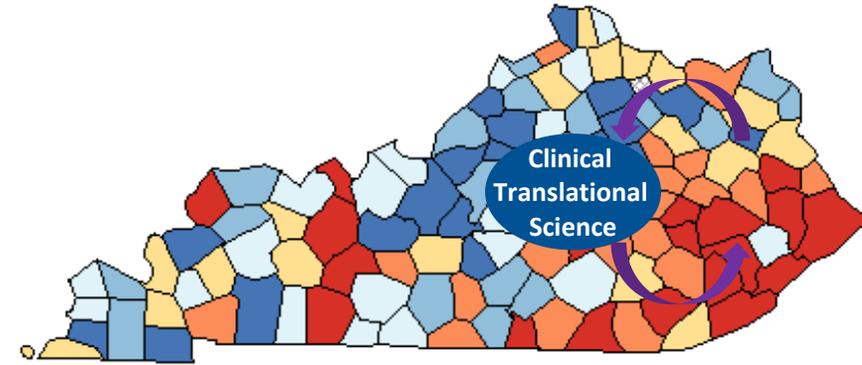
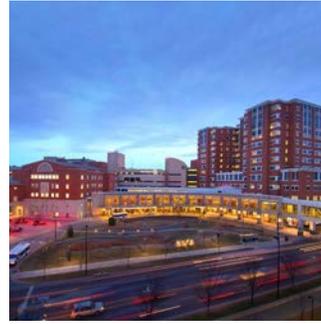
- Insurance payment on 3-6 month follow up
- CMS guidelines on follow up (diagnostic –vs- screening)
- WV Medicaid Director looking at ways to reduce barriers

# Key Challenges to Date

## **Reduction of Barriers to follow-up/repeat screenings**

- 23% of the 196 patients screened have been RAD 3 and RAD 4
- 3-6 month follow up being done as Chest CT not LDCT
- Loss of RAD classification

## **Closing the loop between PCP and Specialist**

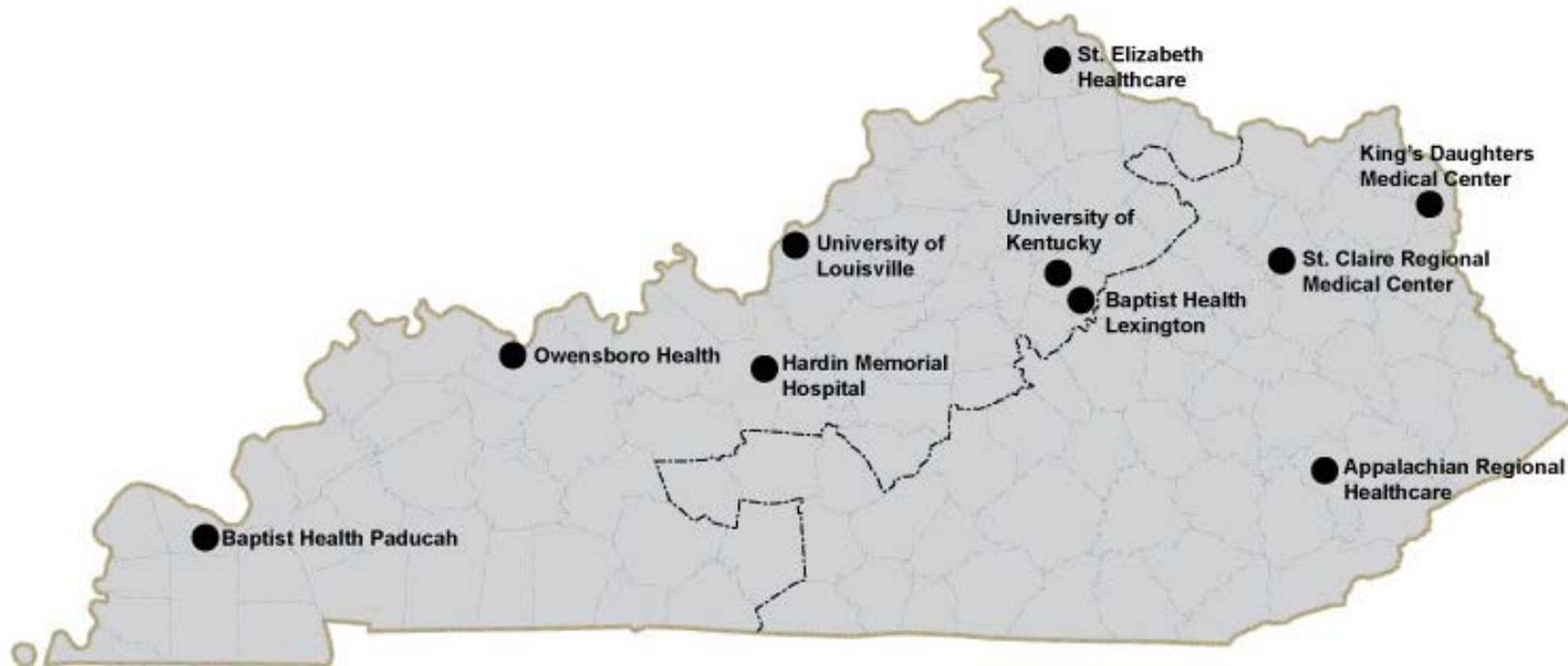


**KENTUCKY  
LEADS**  
COLLABORATIVE

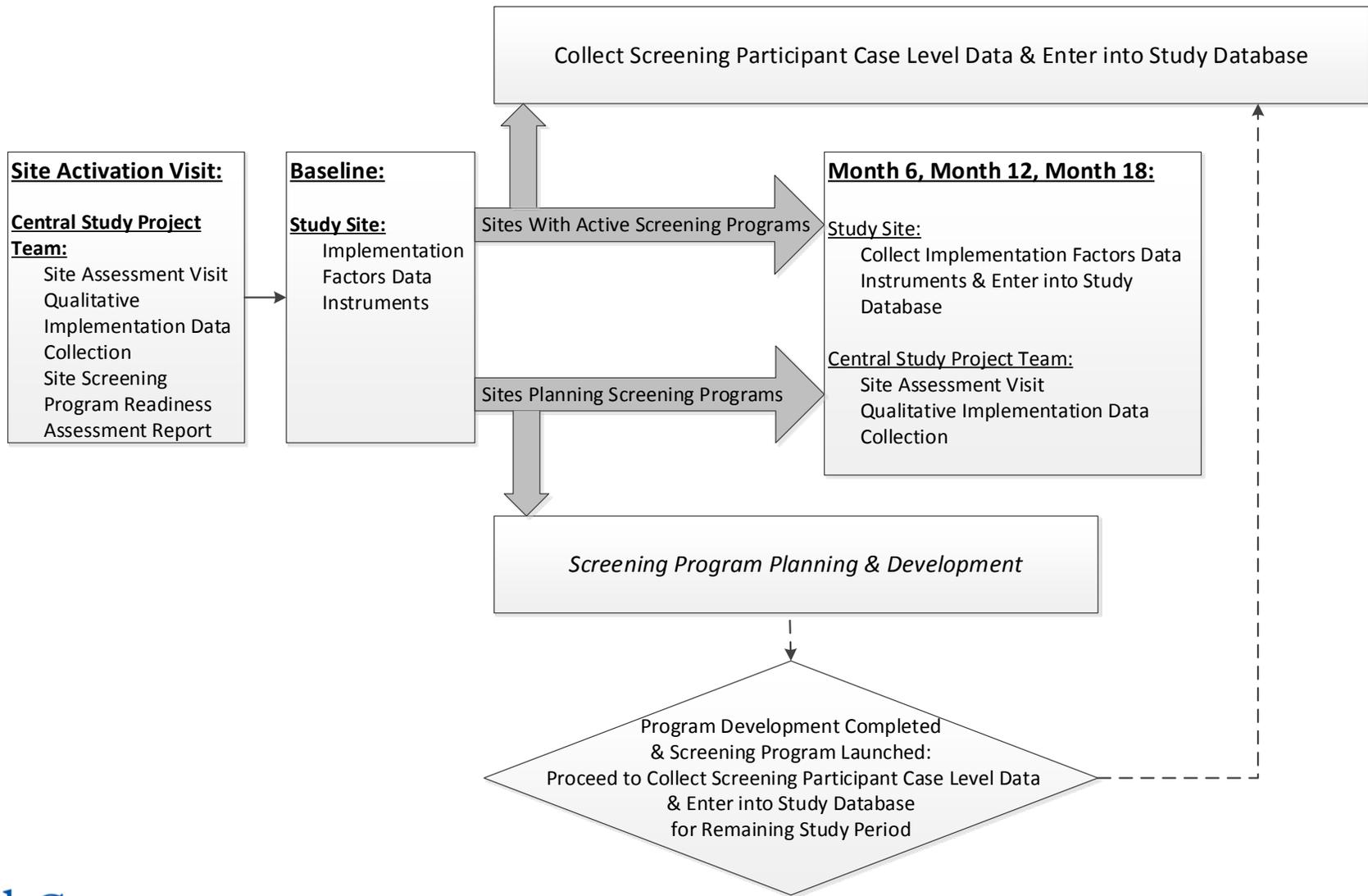
**LUNG CANCER**  
EDUCATION • AWARENESS  
DETECTION • SURVIVORSHIP



A Cancer Center Designated by the  
National Cancer Institute



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- KY LEADS: Lung Cancer Screening
  - Study CME/CE Modules
    - [Faculty Information](#)
    - Pre-test
    - [For Radiologists](#)
    - For Lung Cancer Screening Program Team 



## Kentucky LEADS: Implementation of Quality Lung Cancer Screening

### Welcome

Welcome to the Study Resource Portal for the "KY LEADS: Implementation of Quality Lung Cancer Screening" research study.

We are pleased to partner with CE Central to offer this customized portal to house our study online medical education and a toolkit that includes resources for lung cancer screening programs. The target audience of this content extends to the multidisciplinary health professionals at participating study sites who are involved in LC Screening programs and research across the state of Kentucky. These include the radiologists, pulmonologists, surgeons, patient navigators, research nurses/coordinators, referring primary care physicians and others engaged in the implementation and management of the lung cancer screening program at your institution.

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Kentucky LEADS:  
Quality of Implementation of Lung Cancer Screening (QUILS) Index

**Program Parameters**

**Screening Eligibility and Screening Algorithm**

- 1) Screening Eligibility Policy
- 2) Screening Frequency and Duration Policy

**Clinical Radiology Operations**

- 3) LDCT Performance
- 4) Lung Nodule Identification
- 5) Structured Results Reporting
- 6) Lung Nodule Management Algorithm

**Interdisciplinary Team Operations**

- 7) Interdisciplinary Clinical Team
- 8) Team Review of Radiologic Results

**Lung Cancer Prevention Efforts**

- 9) Tobacco Treatment Interventions
- 10) Tobacco Treatment Targets
- 11) Secondhand Smoke Prevention Education
- 12) Radon Prevention Education

**Patient Education, Counseling and Support**

- 13) Shared Decision Making
- 14) Engagement and Retention Methods

**Community Outreach**

- 15) Responsible Marketing/Outreach
- 16) Provider Outreach

- **Transition from Internal Research Database to Commercial Product**
  - More time than expected to modify commercial product, but result is better
  - Required modification for Kentucky-centric data elements
    - High incidence of *Histoplasmosis*, false-negative rate
    - Capture radon levels in region of karst topography
- **Team Adaptation**
  - Excellent team members from diverse backgrounds
    - Clinical (e.g., cardiothoracic surgery, radiology, pulmonology)
    - Behavioral Science/Public Health
    - Dissemination and Implementation Science Expertise
  - Challenging to get to ‘speak the same language’ and expedite
  - Death of Data Manager – Extremely talented, sorely missed
- **Regulatory updates with ACR reporting and CMS mandates**
- **Development of Online Certified Tobacco Treatment Specialist Training Program**

# VA-PALS: Veterans Affairs Partnership to Increase Access to Lung Screening

PI: Drew Moghanaki, MD, MPH  
Clinical co-PI: Claudia Henschke, PhD, MD  
Technical co-PI: Rick Avila, MS



# Project Goals, Objectives and Activities

## Goals:

- Implement the IELCAP screening management system at 10 VA medical centers
- Facilitate future expansion by studying the implementation process and impact on care

## Objectives and Activities

- Develop a scaleable lung screening tracking system that is built into the VA's EHR
- Establish quality controls for LDCT reads and interpretations
- Optimize screening pathways: provider education, SDM strategies, tracking patients

# Innovation

- Expanded access to IELCAP management protocol
- Developing Quality Control methods within VA (LDCT phantom, dual reads)
- Establishing outreach models to reach rural veterans

## Key Challenges to Date

- Site-readiness, approval process, hiring navigators
- Radiology knowledge with lung screening, questions about Lung-RADS vs IELCAP
- Leveraging MOA between Veterans Affairs and American Cancer Society
- Identifying new criteria to offer screening (e.g. industrial exposures)

Please take a moment to complete the evaluation for today.

Thank you!



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