

Aim

- Increase HJAHC Lung Cancer screening rates to meet national screening rate of 6%

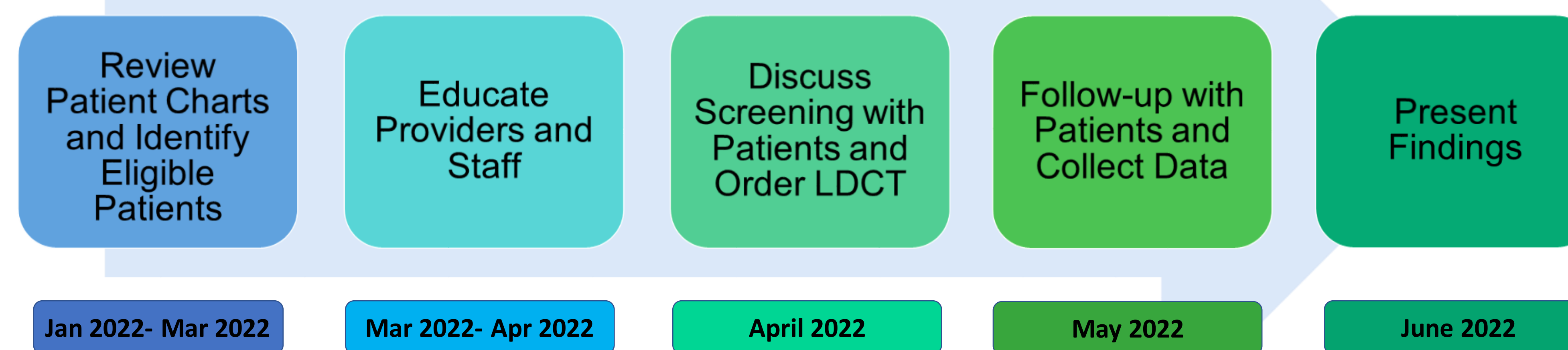
Background

- #1 leading cause of cancer deaths and 25% of all cancer deaths in United States
- Every year, 200,000 people are diagnosed and 150,000 people die.
- Screening reduces lung cancer deaths by 20%
- Screening Rates:
 - National: 6% and average age of new cases is 58
 - New Jersey: 3% and average age of new cases is 55
 - HJAHC: 0%
- USPSTF Guidelines:
 - Low Dose CT scan (LDCT): Only recommended screening for Lung Cancer
 - Adults with high risk based on age and smoking history
 - Smoking linked to 80 - 90% of lung cancer cases
 - Annual screening recommended for high risk patients
 - As of 2021: expansion of USPSTF guidelines allows more people to be screened

HJAHC 2022 NP Resident Project: Lung Cancer Screening Event

Joshny Benny, FNP; Kathleen Beyer, FNP; Aditi Parekh, FNP; Yemisi Pecku, FNP

Project Process & Timeline



Observations

- Current Tobacco Screening tool did not accurately identify qualified patients
 - Missing, incorrect or conflicting information in patients' charts
- Patients fearful they already had cancer
 - Explained screening as test to check for changes/ damage caused from smoking
 - Some patients were referred to Primary Provider for further discussion
- Importance of involving all stakeholders:
 - Maggie Vasil: Asthma Educator at HJAHC
 - Christina Woolf: HJAHC Clinical Applications and Telehealth Coordinator
 - HJAHC Medical Providers & Staff
 - Smitha Ghan: HJAHC Quality Improvement Practice Facilitator
 - Keirstyn Evert: Capital Health (CH) Lung Cancer Screening Program Navigator

Addressing Barriers

Provider- Related

- Insurance & Cost
- EMR does not identify qualified patients
- Other pressing health concerns
- Can be ordered by specialist
- Lung cancer screening is not a quality measure

- Presentation for HJAHC providers/staff to increase awareness of screening and community resources
- CH Lung Cancer Screening Program: work with Program Navigator for patient referral and tracking
 - Insurance accepted
 - Charity care for qualified patients
 - \$130

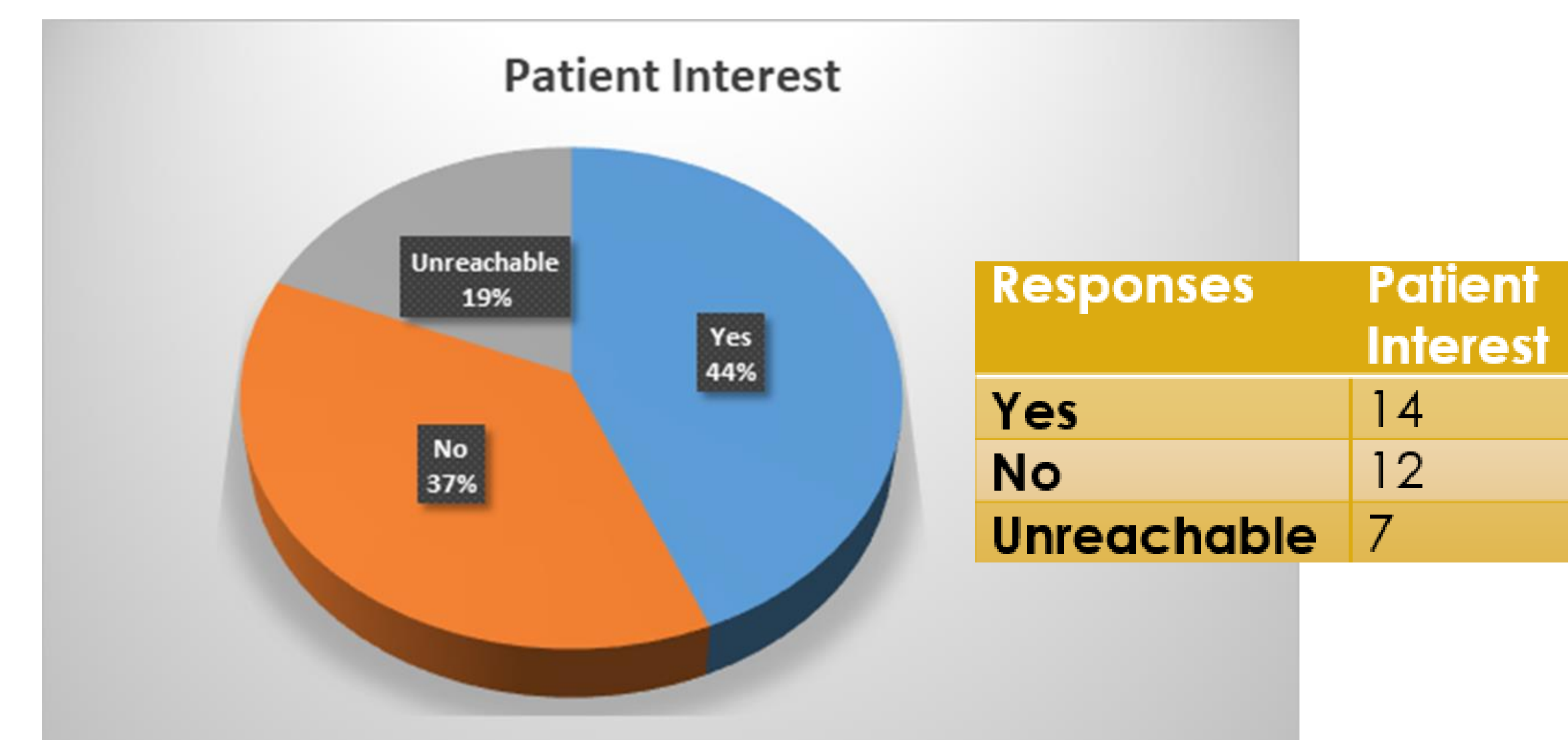
Patient-related

- Cost
- Lack of awareness of screening
- Exposure to radiation
- Lack of access to testing

- Cost: covered by NJ Medicare and Medicaid, private insurances, and Charity Care at CH System
- Lack of awareness: Education provided to each qualified patient in the study
- Exposure to radiation is minimal, similar exposure to dose in mammograms
- Lack of access:
 - CH Shuttle from HJAHC Bellevue office
 - Uber Health Rides arranged by HJAHC Behavioral health Team

Study

- 390 charts examined: social history reviewed and pack year history calculated
- 33 patients identified for project



Results

Study Results

Number of patients identified for study	33
Number of patients who agreed to testing	14
Number of orders Written	14
Number of pending tests	1 - pending insurance approval
Number of completed Tests	2
New HJAHC Screening Rate	6%

Additional Findings

Number of orders submitted by HJAHC providers outside of sample size	4
Number of scheduled/completed tests	3

Recommendations

- EMR update: new LDCT screening tool with smoking history calculator and order set for HJAHC providers and staff
- Ongoing collaboration with Capital Health Lung Cancer Screening Navigator
 - Track HJAHC-referred patients and follow-up annually for screenings
- HJAHC Liaison with Capital Health System

Special thanks to:

Dr. Rachael Evans, Ivy Pearlstein, Project stakeholders (HJAHC Providers & staff, Maggie Vasil, Christina Woolf, Smitha Ghan) and Keirstyn Evert for all their support during this project.

Proposed 2020 USPSTF Lung Cancer Screening Recommendations

	2013 USPSTF Recommendations	Proposed 2020 USPSTF Recommendations
Age	55-80	50-80
Smoking History	≥30 pack-year	≥20 pack-year
Smoking Status	Currently smoke or quit smoking within past 15 years	Currently smoke or quit smoking within past 15 years
Estimated Population	8.1 million people in the US	14.5 million people in the US