



# Southcentral Tobacco-Free Coalition Meeting

March 9, 2021



**Southcentral Pennsylvania  
Tobacco-Free Coalition**

# Incorporating Lung Cancer Screening into Tobacco Programing

Vicki DeLoatch, Chief Financial Officer, Lebanon Family Health Services

# Saved by the Scan

Integration into Lebanon Family Health Service Programs

# Saved by the Scan (SBS) Pilot Program

- ▶ LFHS partnered with ALA in 2018
- ▶ SBS screening for:
  - All LFHS patients & clients
    - WIC, medical patients, education program participants
  - Freedom From Smoking participants
- ▶ Outreach and Community Education
- ▶ MOU with WellSpan for low dose CT scans
  - Partnership program (healthy care card) for uninsured individuals

# SBS Team

- ▶ SBS team included:
  - Patient Navigator
  - Educators /FFS Facilitators
  - Fiscal Representative
  - Operations Management
- ▶ WellSpan/LFHS coordination team
  - LFHS Admin Reps
  - LFHS Patient Navigator
  - WellSpan Ancillary Services
  - WellSpan Nursing
  - WellSpan Imaging

# 1<sup>st</sup> Year Outcomes (July 2018–June 2019)

- ▶ Increased community awareness
  - Health Fairs, Community Events, Sr. Housing
- ▶ Physician contacts
- ▶ # LDCT Screenings Increased (baseline 124/yr.; 211 first year after implementation)
- ▶ Screenings
  - 328 Community/78 FFS/5,405 Pts–Clients
- ▶ Referrals – LDCT –36; cessation – 128
  - Note: 522 individuals eligible did not want referred
- ▶ LDCT Scans – 5 completed; 5 in process

# 2<sup>nd</sup> Year (July 2019 – June 2020)

- ▶ Lessons from 1<sup>st</sup> Year & Adjustments
  - Screening Completed Only for Smokers/Prior Smokers
- ▶ COVID Impact
- ▶ Outcomes
  - Community Events–Connection to Collaborative Organizations for Broader Reach
  - Screenings
    - 125 community/15 FFS/3,206 Pts–Clients
  - Referrals – LDCT – 49; Cessation – 82
    - NOTE: did not want referred – 233
  - LDCT Scans completed – 5

# Impact Stories

## ▶ Patient #1

- Brother screened during a walk in event @ LFHS
- Brother eligible but did not want follow up
- Gave information to sister who followed up with LFHS
- Sister eligible and was screened July, 2019
- Lung cancer diagnosis received and treatment followed
- Patient reported she is Cancer Free as of August 2020

## ▶ Community Partner #1

- Qualifying patient denied eligibility by PCP
- Partnering with social service organization facilitated patient being connected to local FQHC for 2<sup>nd</sup> opinion
- Shared decision making consult scheduled for patient



# Contact Information

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# Incorporating Lung Cancer Screening into Tobacco Programing

Lynn Heyman, BS, RRT, CTTS-M, Tobacco Dependence Program Manager, Suburban Community Hospital



*Referring Tobacco Cessation Program Participants to  
Lung Cancer Screening: A Pilot*

*Lynn Heyman BS, RRT, CTTS-M*

# Pilot Project Overview

American Lung Association partnered with Suburban Community Hospital – Tobacco Dependence Program

- Grant-funded program through DOH/Health Promotion Council and the Southeastern PA Tobacco Control Project
- Timeline: June 2016 to June 2017

## *Main Objectives:*

- Test feasibility and effectiveness of integrating referrals for low-dose CT scan for lung cancer screening into tobacco cessation programming
- Identify and address barriers to receiving screenings
- Help guide future efforts to increase lung cancer screening for early detection of lung cancer

# Program Components

- Created Lung Cancer Pilot Project Committee
  - Tobacco, Cancer Center, Radiology
  - Coordinated efforts with: Registration and Marketing
- Identified a physician champion for Shared Decision Making, SDM visit/script – Leslie Tupchong, MD, Dphil, MMM, FACR, CPE
  - SDM office visit at no cost
  - Cancer Center staff called patients to create easy access for appointments
- Demographics for referrals
  - Participants from the Tobacco Treatment Program
- Developed LDCT education materials / script pad
- Provided LDCT education/presentations for Family Practice physicians
  - Lung Cancer: Dr. Tupchong
  - Tobacco Dependence Treatment and Lung Cancer Screening: Lynn Heyman

# Lung Cancer Screening Criteria

- Eligibility:
  - Age 55-77
  - Smoking History: >30 pack-years: current or quit < 15 years ago
  - No acute symptoms
  - Willingness to be treated
- Shared Decision Making:
  - Conducted by MD/healthcare provider
  - Discuss risks/benefits
  - Tobacco cessation treatment

Source: CMS Guidelines



# Poster Presentation at the Society for Research on Nicotine and Tobacco

## Referring Tobacco Cessation Program Participants to Lung Cancer Screening: A Pilot

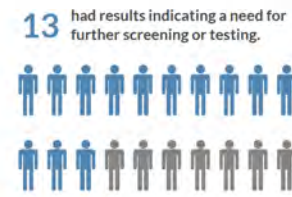
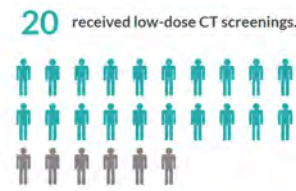
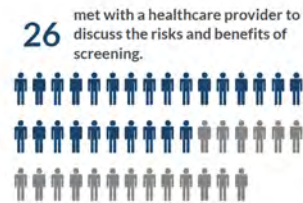
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Lung cancer is the leading cause of cancer death, and one-third of all cancer deaths can be prevented through smoking cessation. The American Lung Association (ALA), in collaboration with the Pennsylvania Department of Health, developed a pilot program to test the effectiveness of incorporating referrals to low-dose CT scan screenings into tobacco cessation programming. ALA also created a lung cancer risk-screening tool, and identified/recruited partner organizations capable of implementing and evaluating the pilot's effectiveness.

### Methods

A tobacco treatment specialist assessed all tobacco cessation program participants between June 2016 and July 2017 using ALA's lung cancer risk screening tool. Participants who met high-risk criteria\* were referred to a physician specialist for a Shared Decision-Making (SDM) office visit to: (1) educate patients about the benefits and harms of low-dose CT screening, (2) discuss false positive rates, and (3) provide patients with information regarding further screening and treatment. Program evaluators worked with the tobacco treatment specialist to track the number of referrals made and the number of patients referred who completed screenings. The referral process was updated and expanded throughout the pilot time-period to address project challenges. The evaluation team also conducted key informant interviews with program staff to discuss successes, challenges, and recommendations for future implementation.



### Results

This pilot shows the importance of developing a strong care coordination team that can efficiently process referrals and champion the benefits of screening. Recommendations for future implementation include addressing participation barriers by providing assistance in determining risk and offering free screenings when possible.

### Conclusions

A total of 45 clients met the high-risk criteria\* and received referrals to low-dose CT screenings, 26 of who met with a healthcare provider to discuss the risks and benefits of screening, 20 received screenings, and 13 had results indicating a need for further screening or testing.

### Challenges

- **Stigma:** Patients associate lung cancer screening with self-imposed destructive behaviors; it is important to reframe it as a preventive screening like a colonoscopy.
- **Cost:** Although Medicare and private insurance should cover lung cancer screenings for high risk patients, in practice, some patients found their insurance companies were unwilling to do so. The pilot had success with offering a free screening day for eligible patients.

### Recommendations

- Develop a strong care coordination team [tobacco treatment specialist, cancer specialist, PCP(s)] who can efficiently process referrals.
- Require minimal effort to participant for patients who are eligible.
- Champion the benefits of screening.
- Assist patients in calculating pack year history.
- Offer free screenings when possible.

\*High-risk criteria include: 1) Ages 55-80 (or 55-77 if insured by Medicare); 2) 30+ pack-year history; and 3) current smoker or quit within past 15 years.

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# Pilot Project Outcomes

## Challenges

- Cost
  - Despite CMS approval - not all private insurances provide coverage for LDCT screening
  - Cost can vary
- Stigma
  - Self-imposed destructive behavior
- Added stress
  - Some patients felt they couldn't handle additional testing while trying to stop smoking
  - Difficulty with follow through

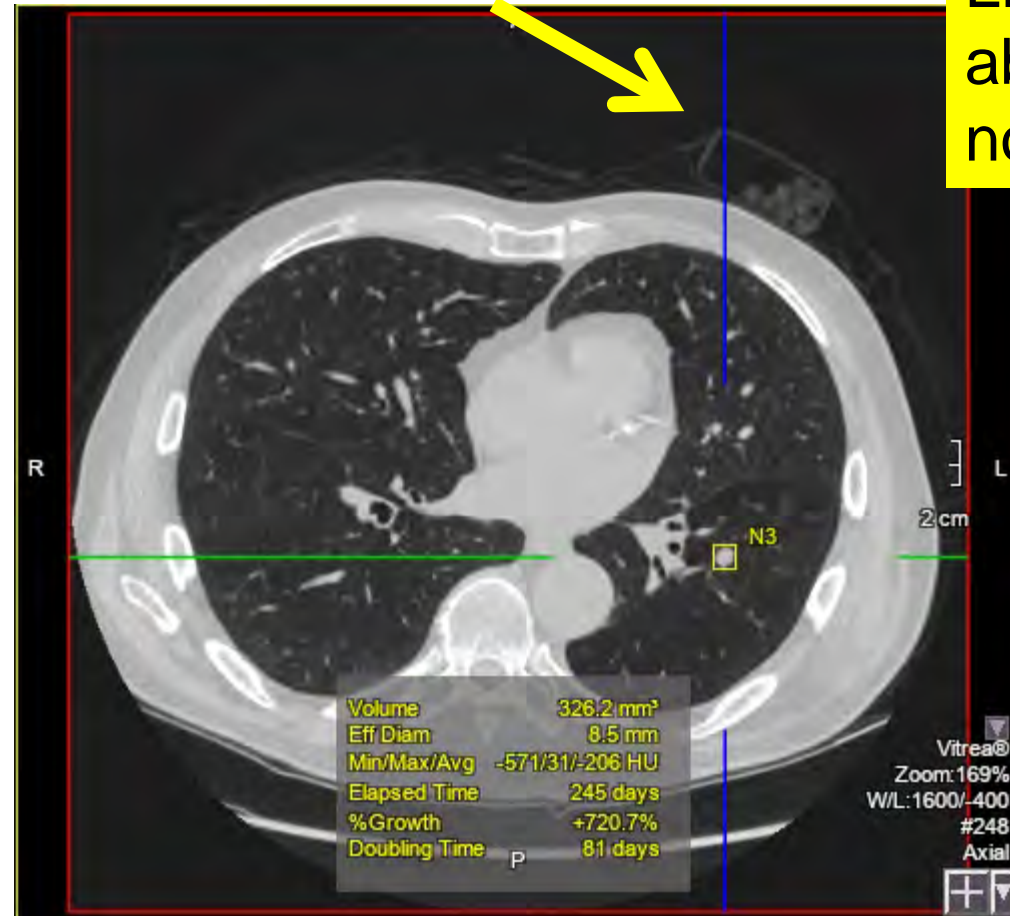
## Successes

- Over 65 participants were educated on the importance of lung cancer screening
- 45 participants met high-risk criteria
- 26 individuals had SDM visit with physician
- **20 LDCT scans were completed**
  - 13 individuals were recommended for further testing and follow-up



# Importance of Tobacco Treatment

LDCT is not just about CT and nodules



# Takeaways and Current Practices for Tobacco Treatment

Include lung cancer screening in tobacco treatment programming

- Discuss benefits of screening
- Provide educational materials
- Assess eligibility
- Make referral when appropriate
- Educate physicians on LDCT
- Follow-up with patient