

BOARDING the SAME BOAT:

Clinician Engagement to Implement Equitable and High-Quality Lung Cancer Screening



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"A boat cannot go forward if each rows their own way."
--Swahili proverb



Learning Objectives

- 1) Clarify opportunities to collaborate with referring clinicians on implementing equitable and high-quality lung cancer screening
- 2) Outline specific clinician engagement strategies to facilitate equitable and high-quality lung cancer screening

Faculty Disclosure/Transparency

▪ Potential Perceived Conflicts of Interest

- Provide consultation to J&J on an effort to increase engagement with lung cancer screening in novel settings.
- Provide consultation to Genentech regarding state-based initiatives to expand implementation of lung cancer screening.
- Member of the Scientific Leadership Council for GO2 for Lung Cancer.
- Research funding from the National Cancer Institute, Colorado Department of Public Health and Environment, Kentucky Department of Public Health, Patient-Centered Outcomes Research Institute, and the Bristol Myers Squibb Foundation.

State of Lung Cancer – HOPE Check

- ❖ Smoking rates are declining to the lowest levels measured
- ❖ Radon-related risk awareness is increasing.
- ❖ Lung cancer screening and early detection is accelerating.
- ❖ Late-stage lung cancer diagnosis is declining.
- ❖ Lung cancer incidence is declining.
- ❖ Lung cancer mortality is declining.
- ❖ Lung cancer survivorship is increasing.
- ❖ Palliative care and symptom management are improving.
- ❖ Lung cancer quality of life is increasing.

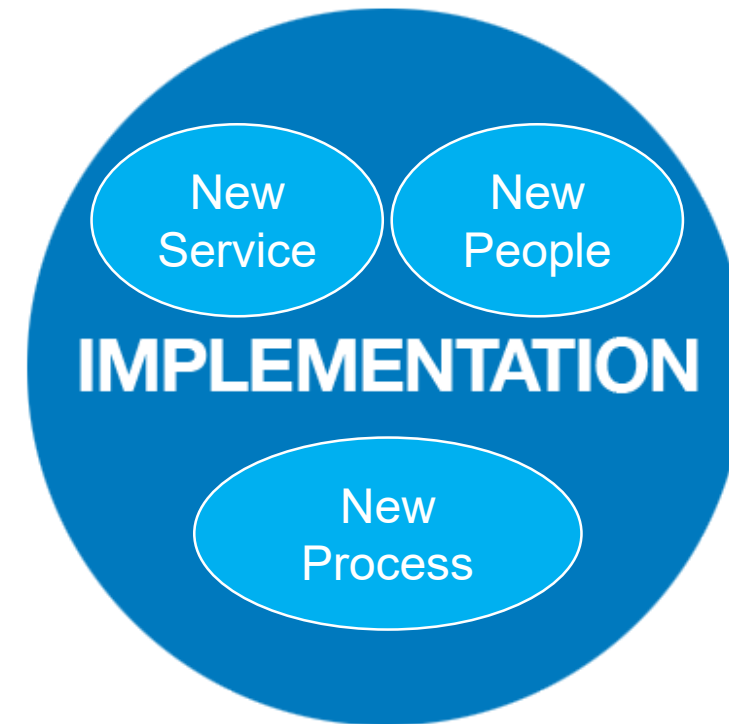
No time for “victory laps,” but these improvements must be highlighted!

Low-dose CT for Lung Cancer Screening

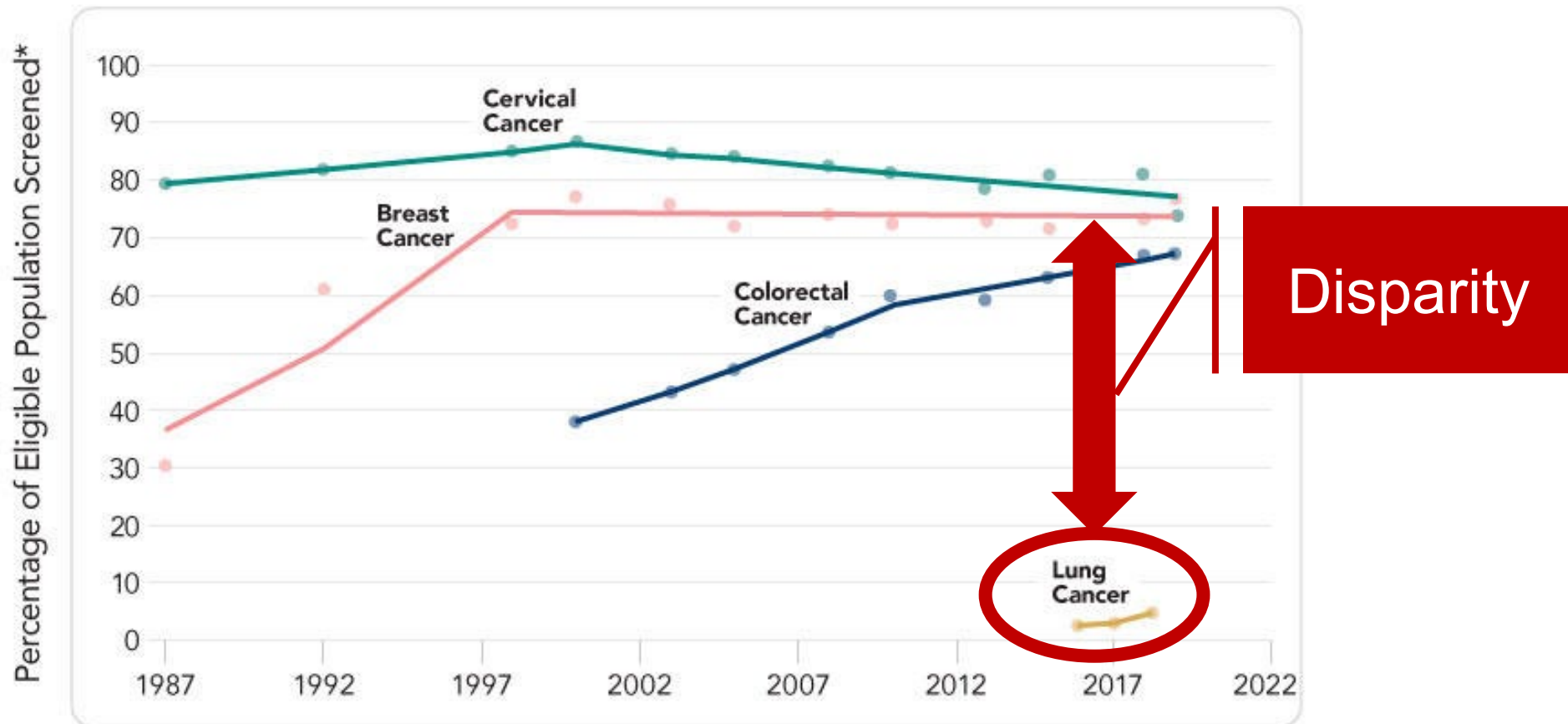
Promise



Challenge



Cancer Screening in the US (1987 – 2019)



Closing Gaps in Cancer Screening: Connecting People, Communities, and Systems to Improve Equity and Access. A Report from the President's Cancer Panel to the President of the United States. Bethesda (MD): President's Cancer Panel; 2022. <https://PresCancerPanel.cancer.gov/report/cancerscreening>

Lung Cancer Screening

“Lung cancer screening is currently the greatest missed opportunity to reduce cancer mortality throughout the US—not just lung cancer mortality, but overall cancer mortality.”

Lung Cancer Screening Analogy

The New 2020 Corvette



[Built in Bowling Green, Kentucky]

LDCT = beautiful new machine **ready**

Candidate/Participant = driver **inexperienced**

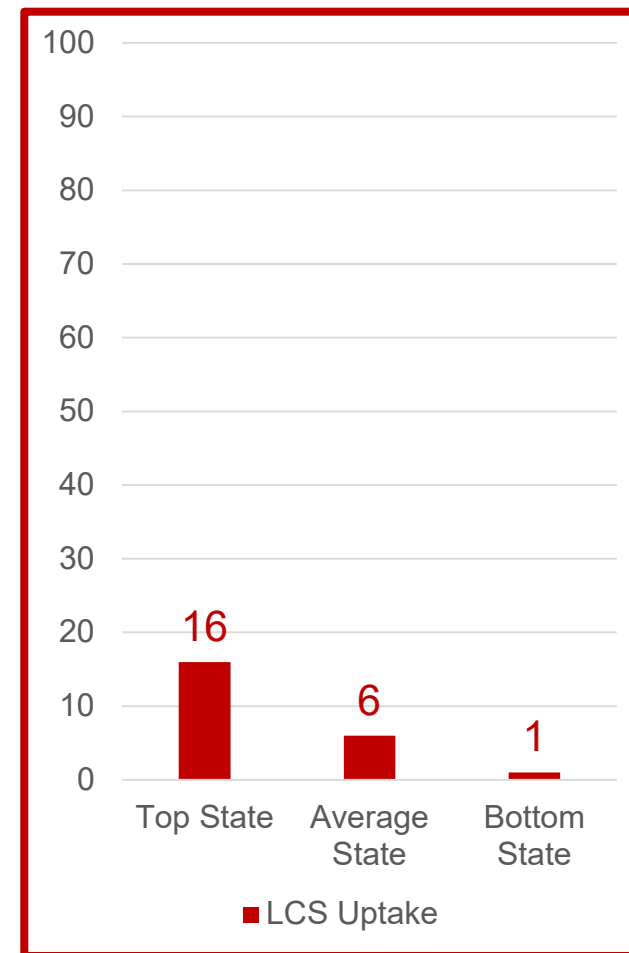
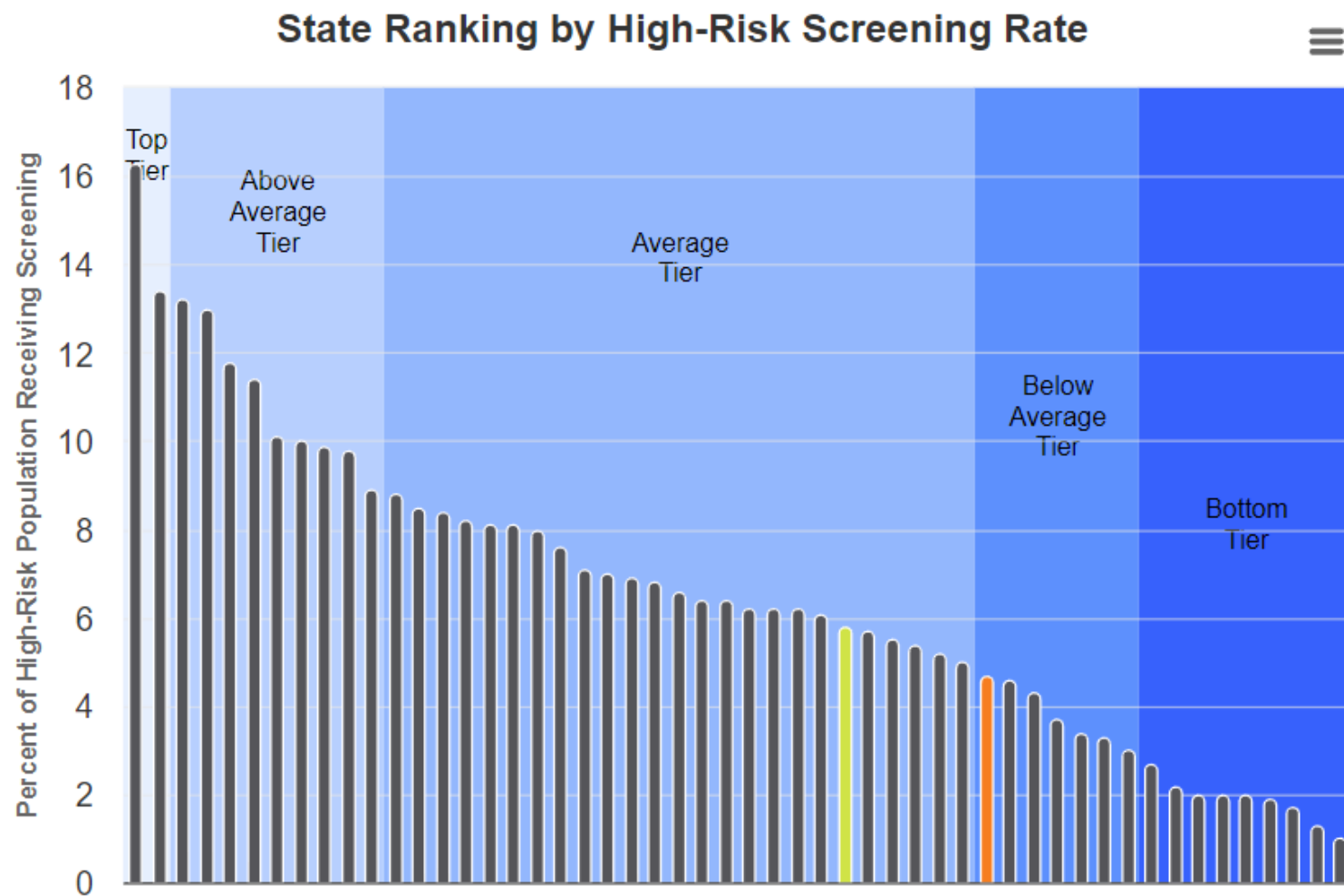
Data/Policy = fuel for power **ready**

LCS Program = manager, pit crew **new**

Primary Care = remote start **unprepared**

LCS Experience = new course **bumpy, unpredictable**

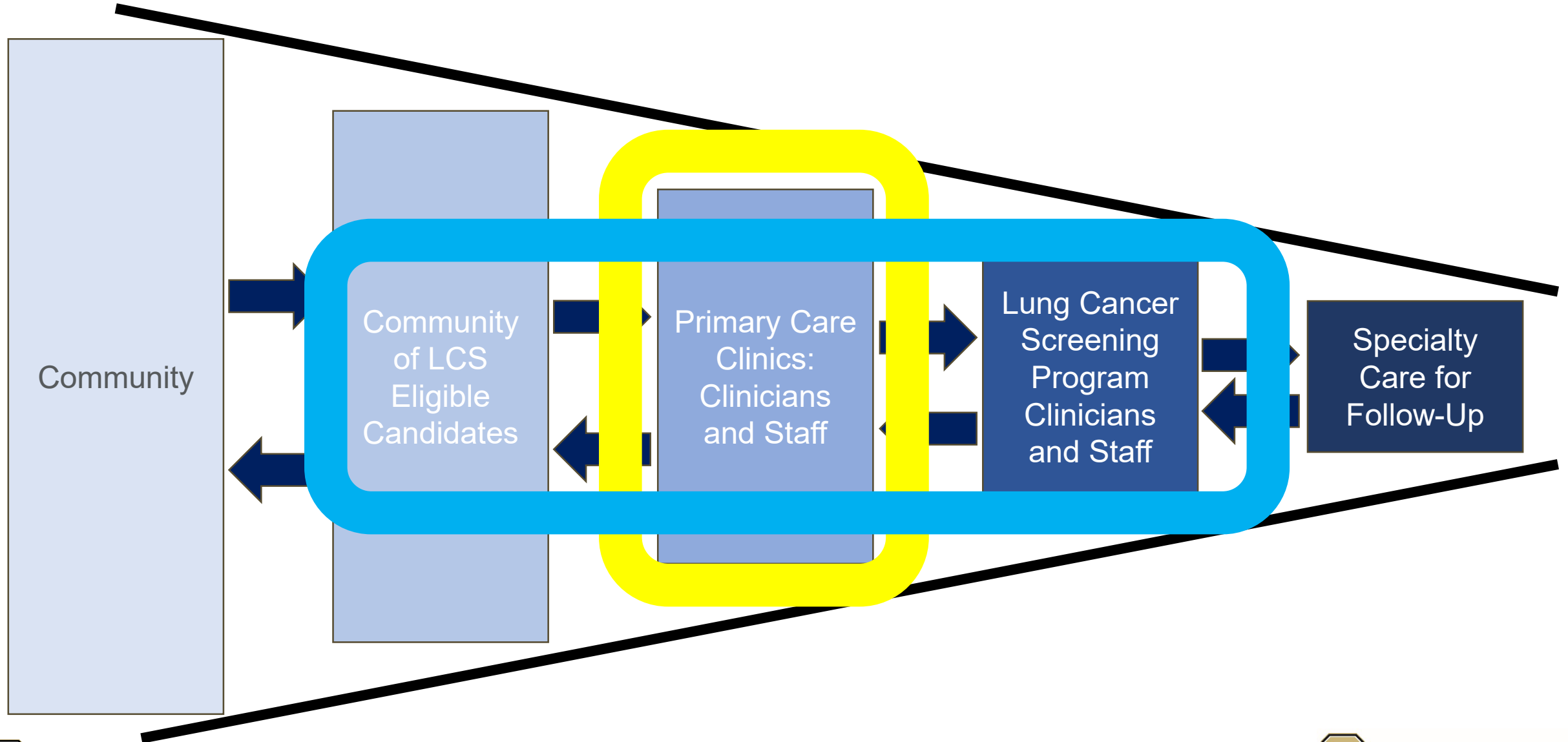
Lung Cancer Screening Implementation



Socioecological Model & LCS Barriers



The Lung Cancer Screening Funnel



Collaboration

—

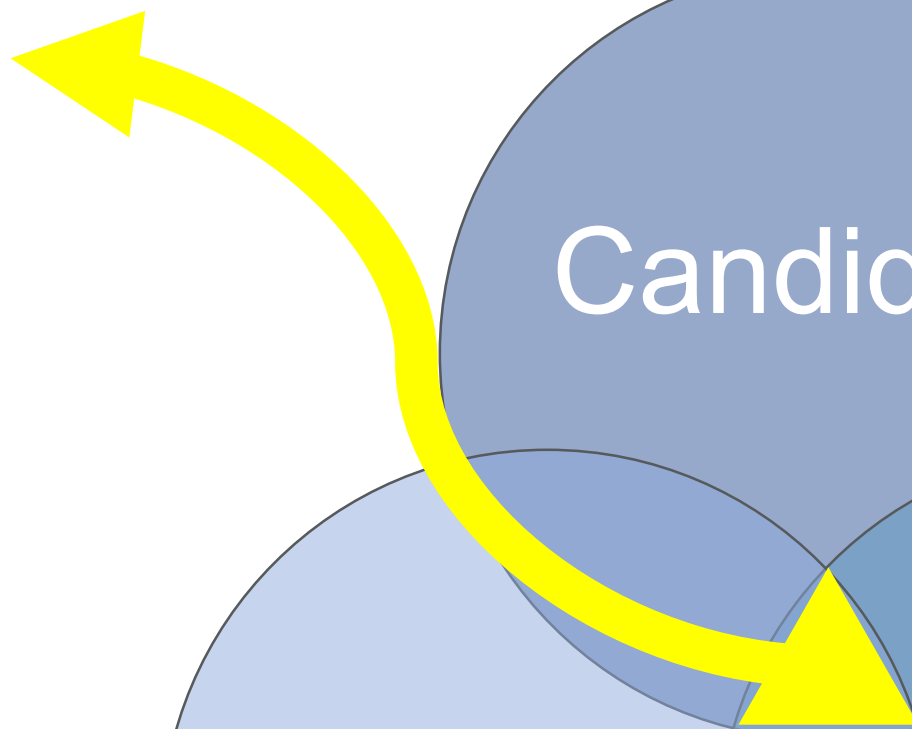
Synergy

—

Mutual Benefit

—

Efficiency



Unaware
Apprehensive
Willing

Engaged
Excited
Waiting

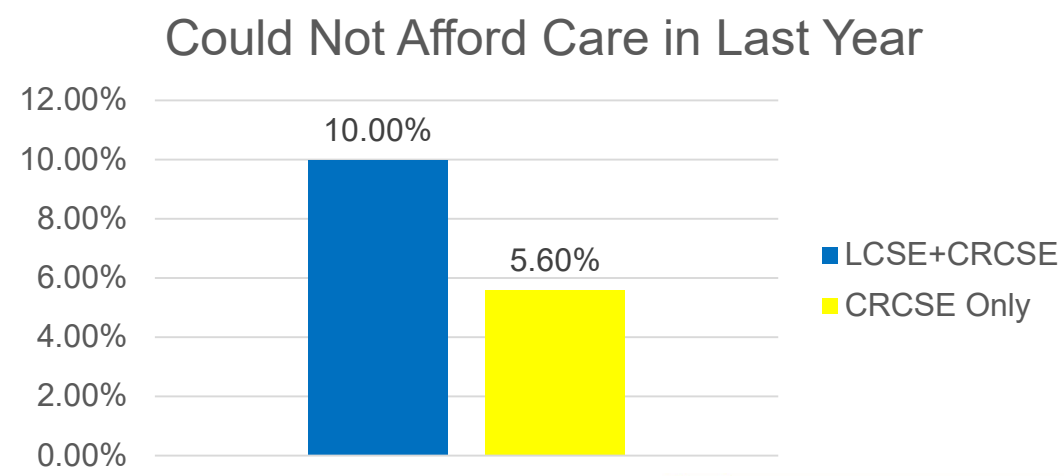
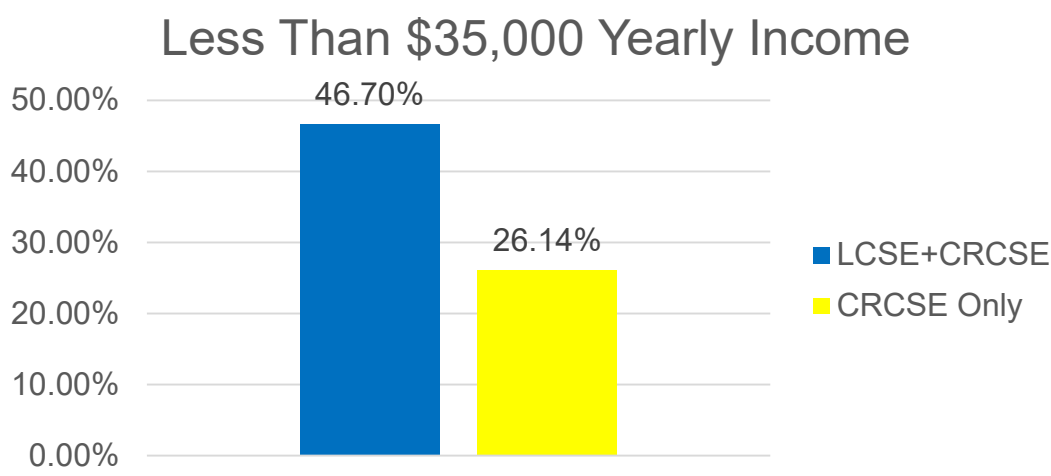
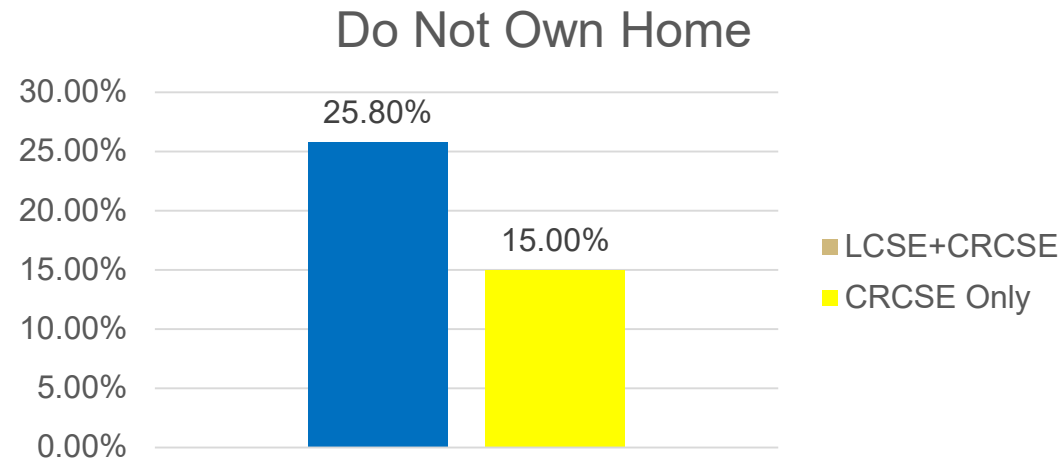
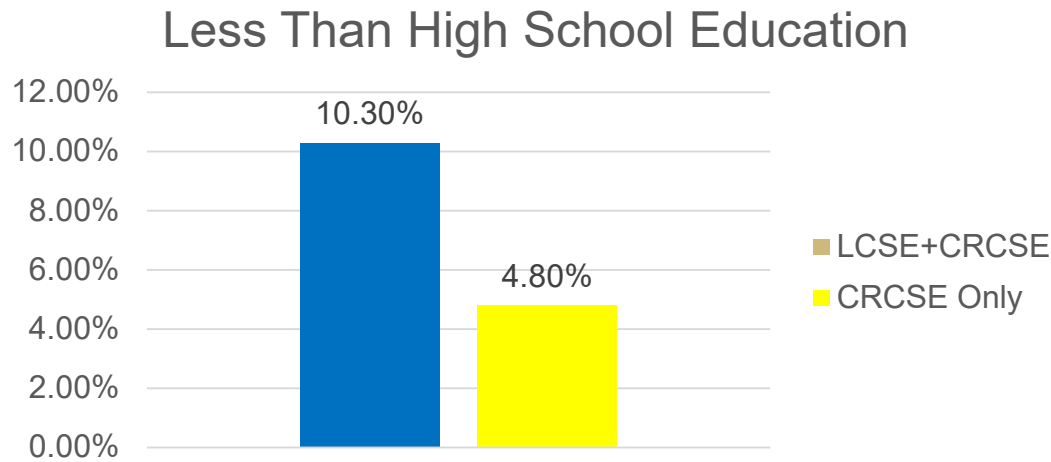
Ambivalent
Overloaded
Unsupported

Lung cancer screening implementation must start with understanding the community of individuals who are eligible.

Without adopting stereotypes, to reach the community and achieve person-centeredness, we must understand the opportunities and challenges of the community we wish to serve.

Applying a social drivers of health lens can help us understand and reach the LCS-eligible community.

BRFSS 2022 Data



Role of Primary Care in Lung Cancer Screening

- 1) Educating Public
- 2) Identifying Candidates
- 3) Determining Eligibility (Preliminary)
- 4) Conducting Shared Decision Making
- 5) Offering Tobacco/Cessation
- 6) Referring to LCS Program
- 7) Conducting Follow-Up/Adherence
 - 1) Baseline Adherence
 - 2) Interval Adherence
 - 3) Annual Adherence



Lung Cancer Screening Programs (LCSP)



- Hey, where is everybody?
- We know there are lot of eligible candidates out there.
- Why isn't anyone referring for LCS?
- Why aren't folks coming back?

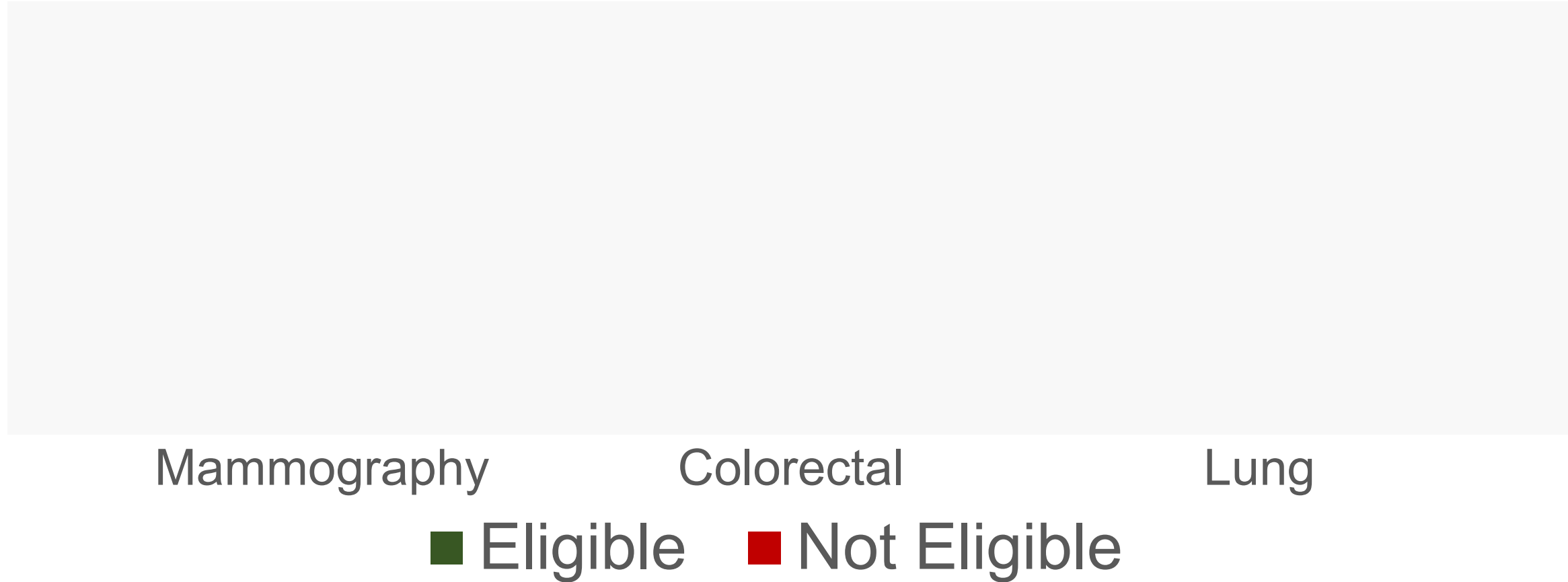
Getting the
***PEOPLE
PART***
Right

The
***PEOPLE
PART***
is not just
about
Candidates

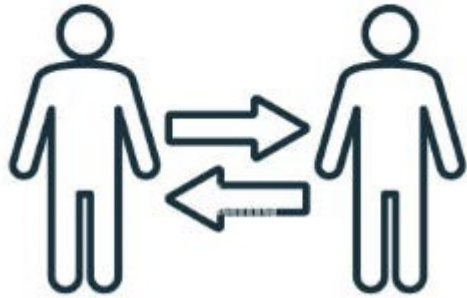


Placing
LCS
Candidates
and
Participants
at the
CENTER
of the LCS
Process

What percent of healthcare clinicians will be eligible for cancer screenings?



Positionality Definition



RELATIONSHIP

- **Positionality** is the social and political context that creates your identity
- **Positionality** is also how your identity influences and biases your perception of and outlook on the world.
- **Positionality** impacts your interactions with colleagues, screening candidates/participants, family members, etc.

Forthcoming HEDIS Quality Metric – Lung Cancer Screening



and evaluate
; cancer

**GAME
CHANGER**

The Kentucky LEADS Collaborative Provider Education (PE)



Three Project Aims:

- 1) The **PE** team will *prepare* background information needed for development of **Best Practices** regarding lung cancer for primary care clinicians.
- 2) The **PE** team will *disseminate, promote, and implement* the “Best Practices” throughout Kentucky.
- 3) The **PE** team will *assess the effects* of the “Best Practices” dissemination efforts.

Initial Provider Education Efforts



**KENTUCKY
LEADS**
COLLABORATIVE

LUNG CANCER
EDUCATION • AWARENESS
DETECTION • SURVIVORSHIP



- **Four Educational Offerings:**

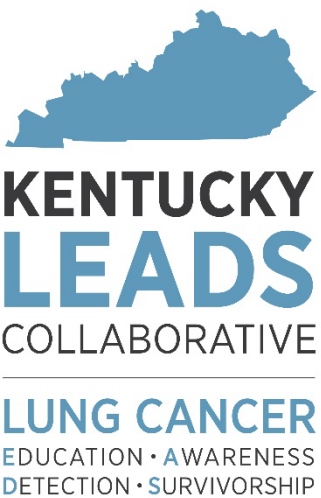
- 1) Academic Detailing (January, 2016)
- 2) Large Group Presentations (February, 2016)
- 3) Online Training Course (April, 2016)
- 4) Webinars (March, 2017)

REACH: Primary Care Clinicians and Staff



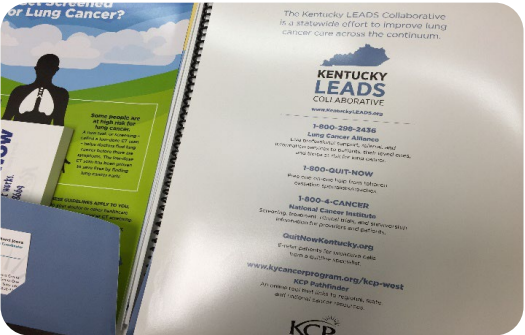
Intervention	PCPs Educated	Non-PCPs Educated
Academic Detailing	985	922
Large Group Presentation	254	285
Online Courses	79	34
Webinar	85	32
TOTAL	1,403	1,273

Educational Efforts



Establishing Social Norms

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



Primary Care and Lung Cancer Screening



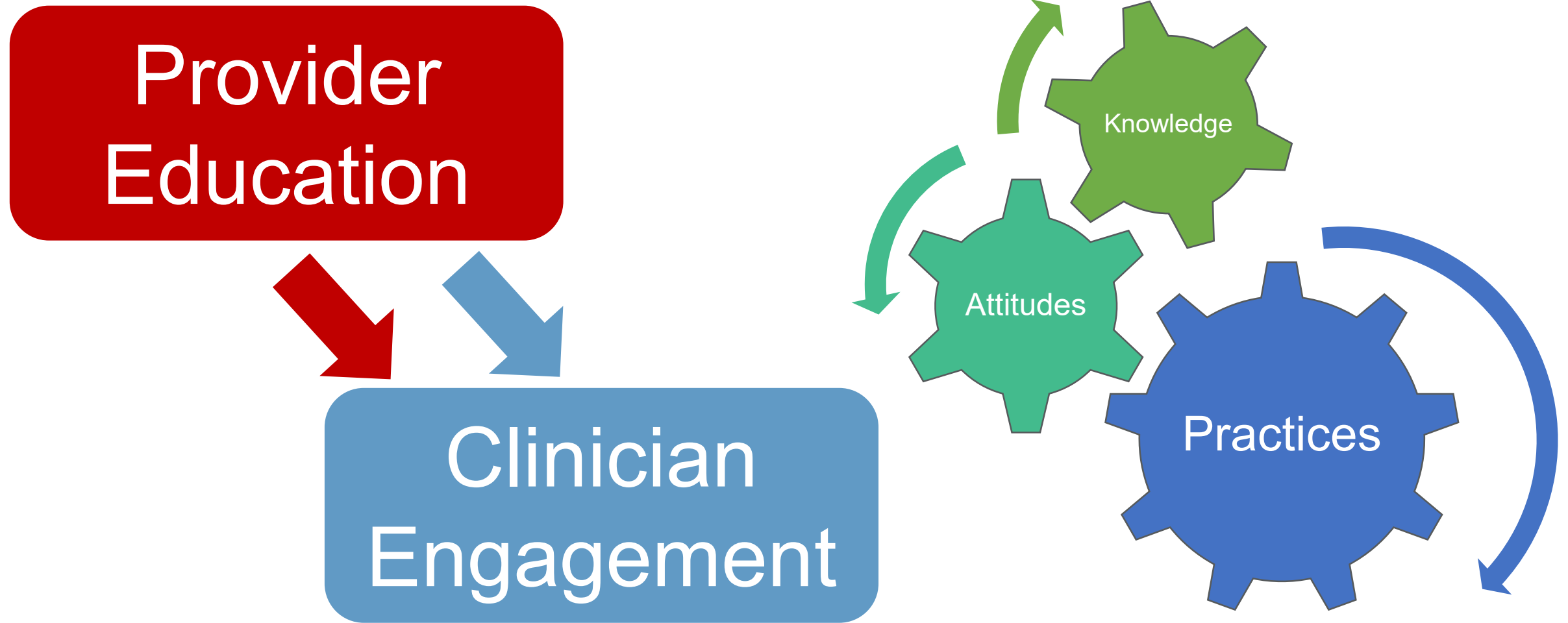
Historical Perspectives

- Time/Competing Demands
- Identification Challenges (targeted)
- Lack of Education & Training
- No Support Resources/Tools
- Limited Care Coordination
- EHR Limitations
- Condescension/Blame
- Lack of Appropriate Reimbursement

QUILS™ Approach

- Empathy, Support, & Understanding
- Listening before Talking
- Education & Training
- Resources/Tools/Materials
- Collaboration & Relationships
- Targeted & Tailored Approaches
- Follow-Up & Connection
- “*Clinician Engagement*”

Opportunities in Primary Care



Statewide Optimization of Lung Cancer Screening in Nevada/Mississippi

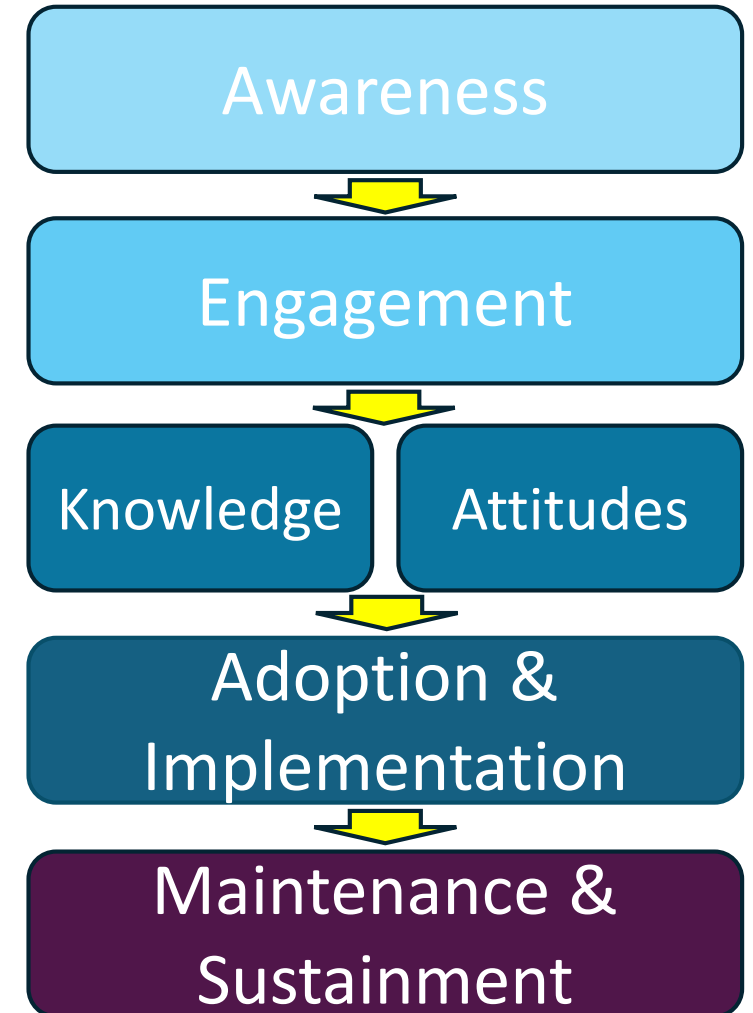


Clinician
Engagement
Initiative

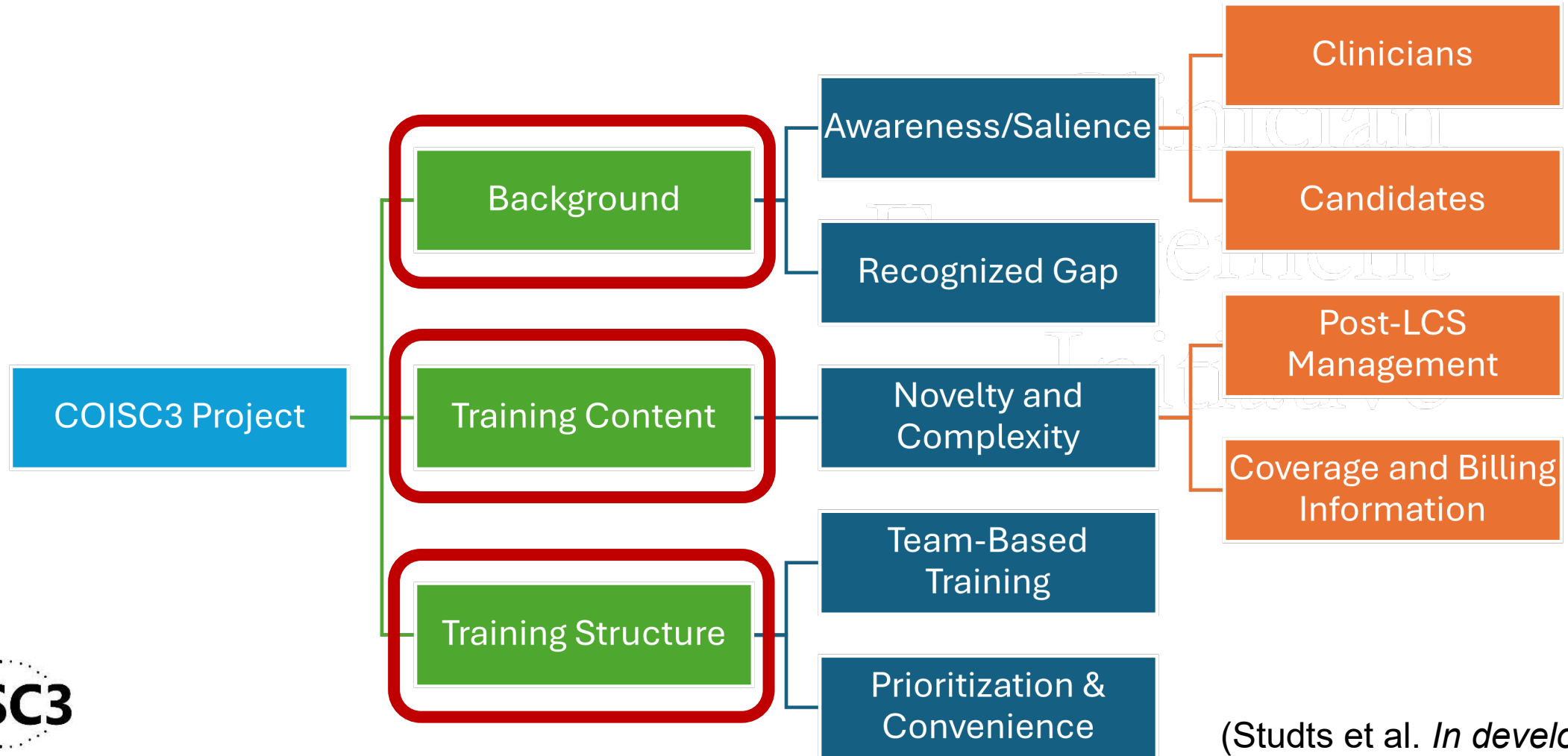
Clinician Engagement Initiative Objectives



- Enhance primary care clinician and staff awareness, engagement, knowledge, attitudes, and practices regarding lung cancer screening
- Extend outreach and engagement activities to non-traditional referral sources (e.g., dentists, behavioral health and substance abuse clinicians)



Clinician Engagement Initiative



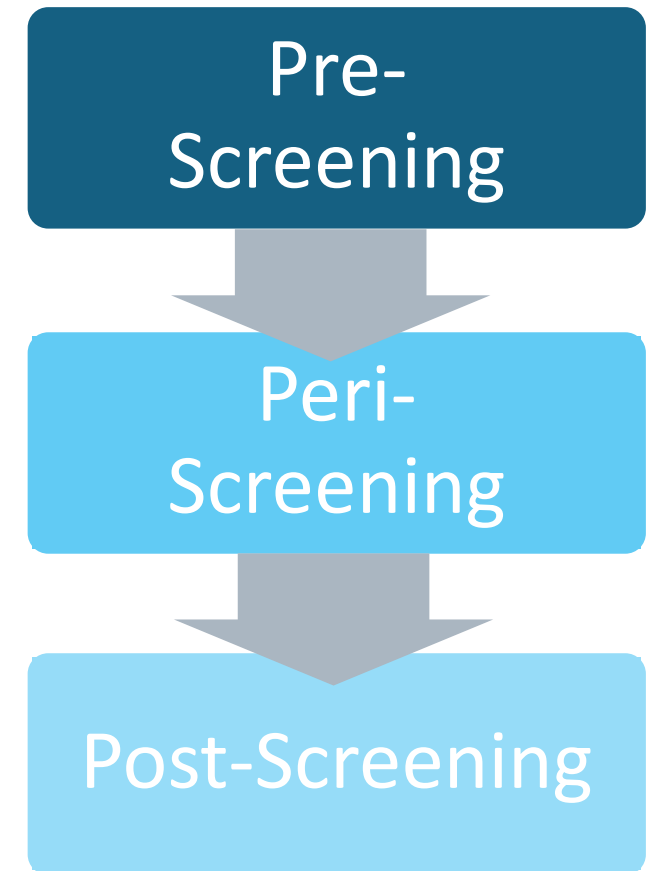
(Studts et al. *In development*)

Clinician Engagement Initiative



Engage primary care clinicians and staff as well as other referring clinicians to:

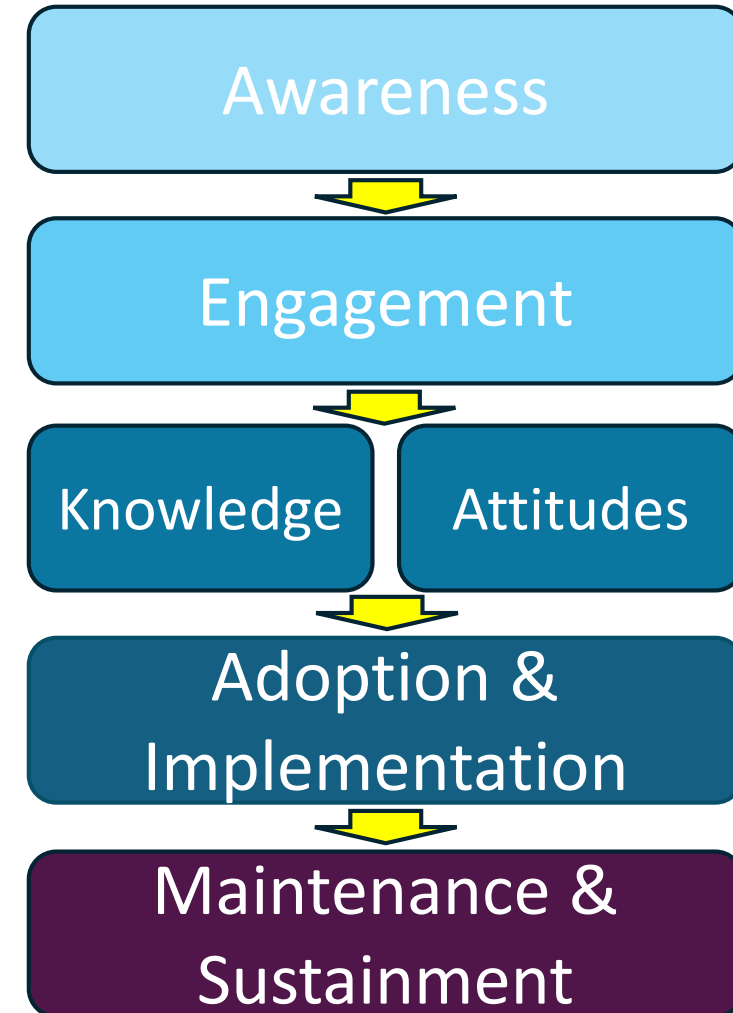
- 1) increase awareness
- 2) support engagement
- 3) increase knowledge
- 4) promote favorable attitudes
- 5) increase lung cancer screening-related practices
 - candidate identification
 - tobacco exposure assessment
 - shared decision making/counseling
 - referrals to lung cancer screening
 - post-screening participant management
- 6) Sustain lung cancer screening-related practices



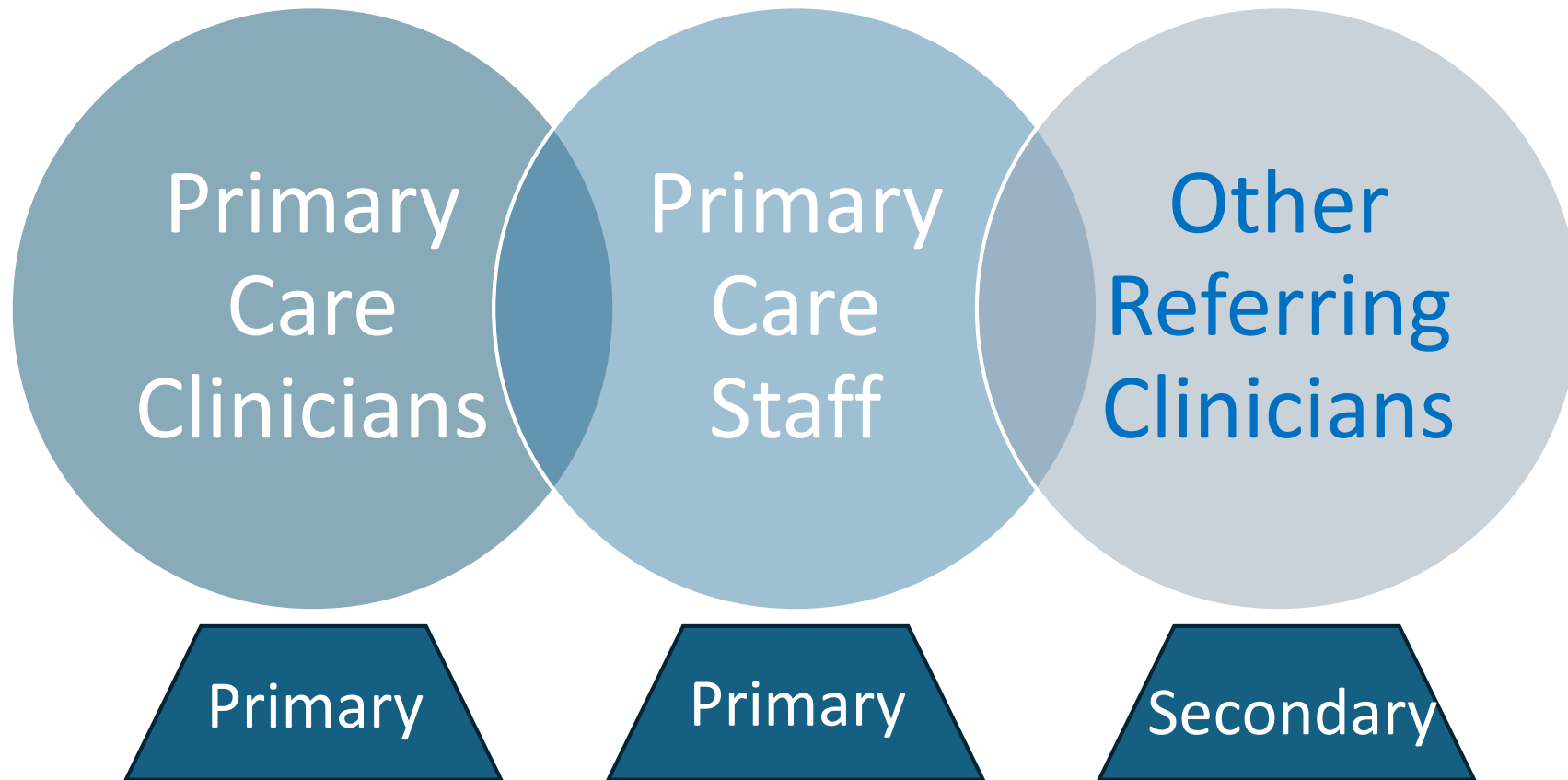
Clinician Engagement Initiative Building Bridges



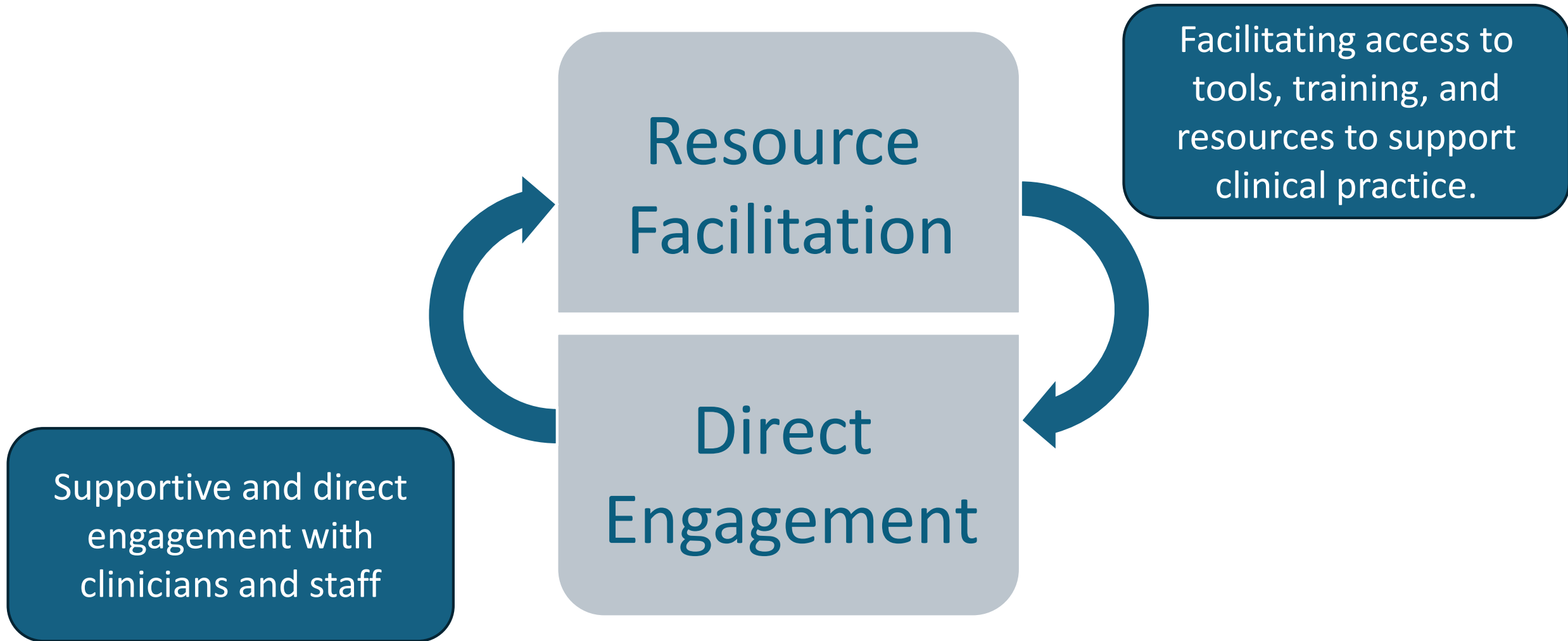
- 1) Raise awareness of lung cancer screening and regional lung cancer screening programs
- 2) Build engagement with lung cancer screening and regional lung cancer screening programs
- 3) Address differences between screening program models (centralized vs. decentralized)



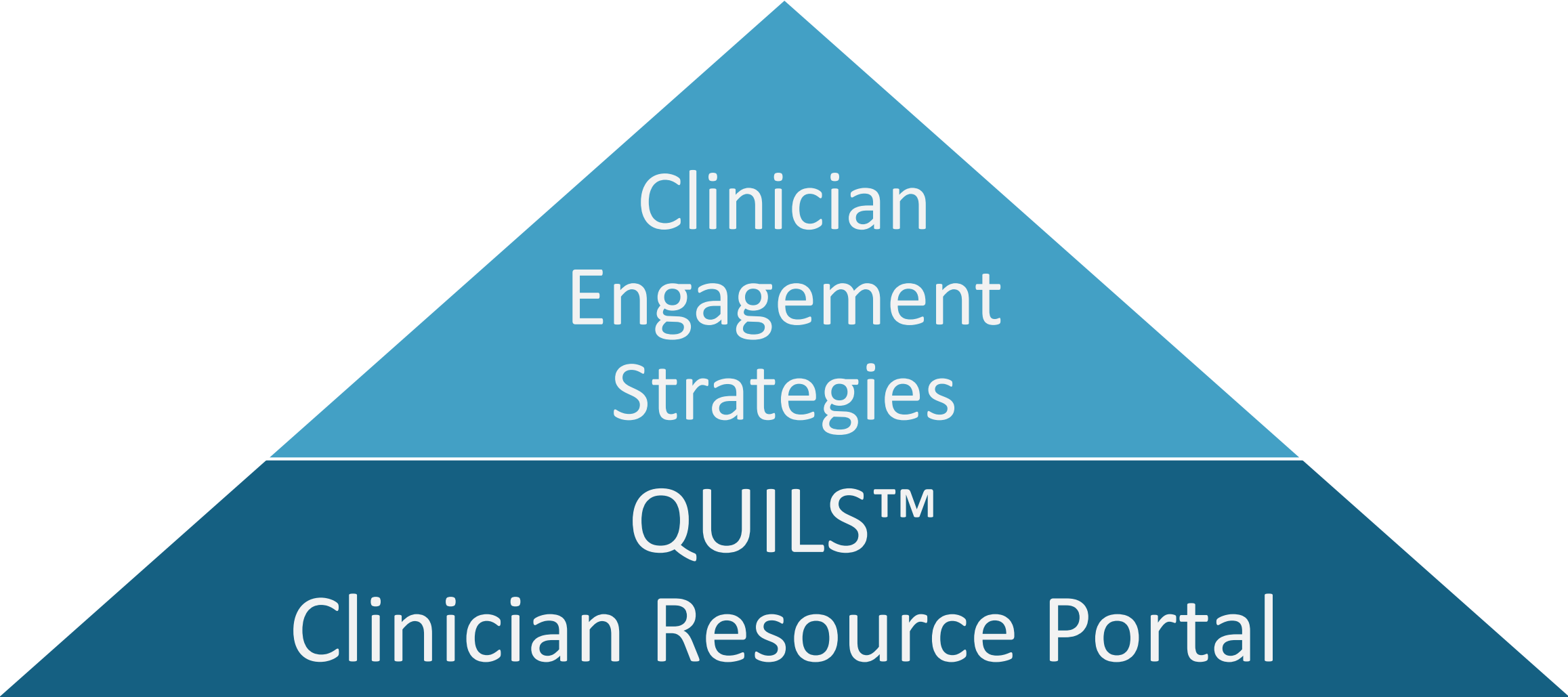
Clinician Engagement Initiative Intervention Targets



Clinician Engagement Initiative Strategies



Clinician Engagement Initiative

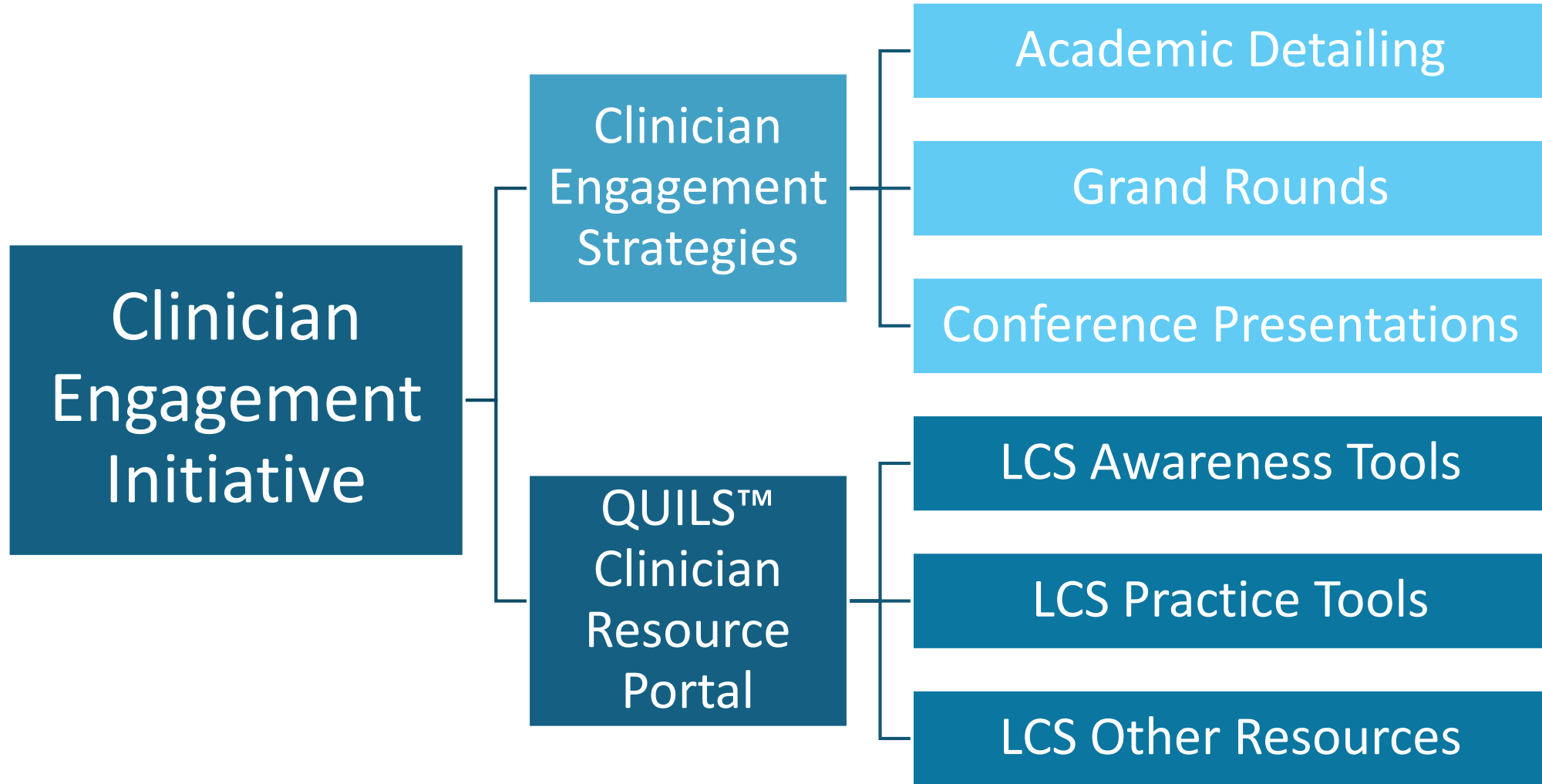


Clinician
Engagement
Strategies

QUILS™

Clinician Resource Portal

Clinician Engagement Initiative Strategies



Clinician Engagement Initiative

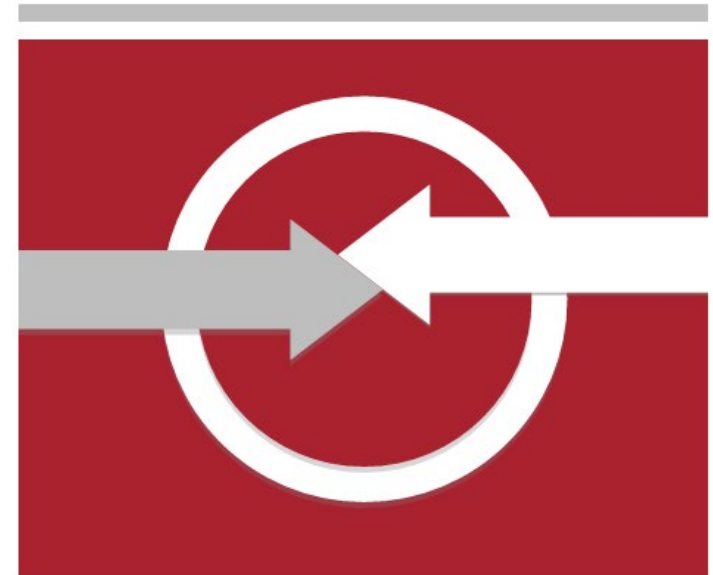
Academic Detailing



- **Academic detailing** involves an interactive educational outreach and clinician engagement strategy shown to facilitate practice change in primary care settings via an efficient and structured approach to clinician education and resource sharing that respects the busy clinical environment.³⁻⁶
- **Academic detailing** offers unbiased, non-commercial, evidence-based practice information to improve patient care and outcomes by facilitating clinical decision making and clinic practices.⁴⁻⁶



Introductory Guide to
Academic Detailing

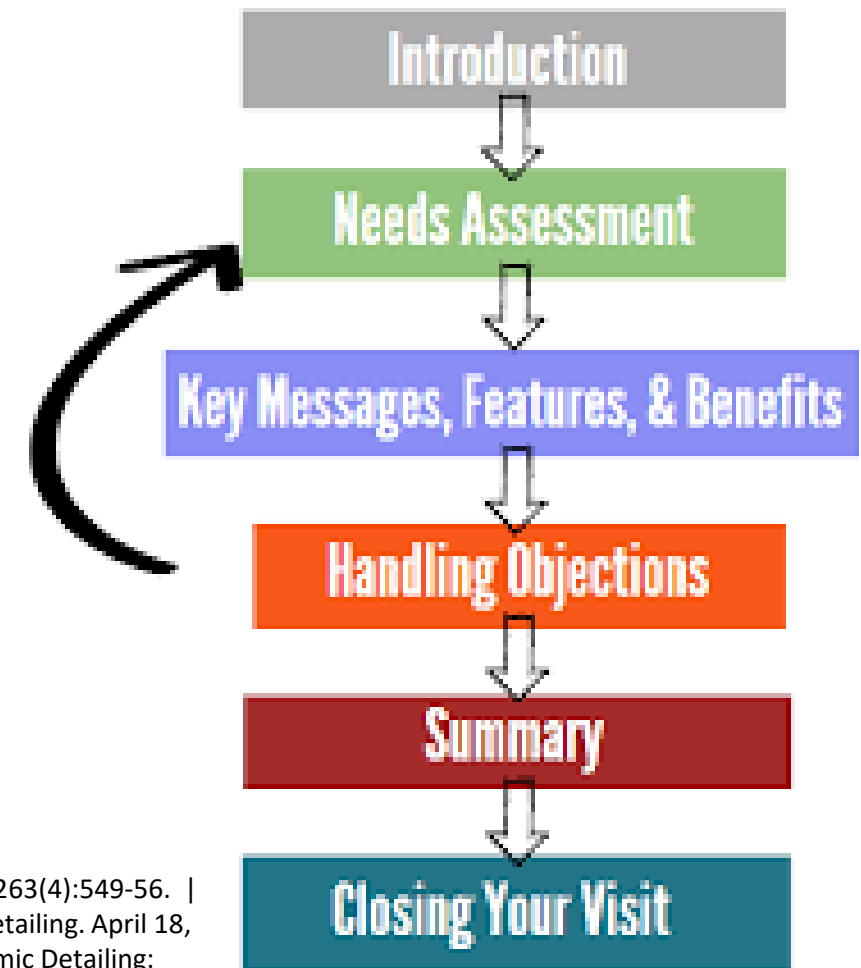


CEI Academic Detailing



Six-Step Process for Academic Detailing:

- 1) Introduction
- 2) Needs Assessment
- 3) Key Messages, Features, and Benefits
- 4) Handling Objections
- 5) Summarizing
- 6) Closing the Visit



CEI Academic Detailing & E-Detailing



Builds
Relationship

Higher Cost

In-Person
Academic
Detailing

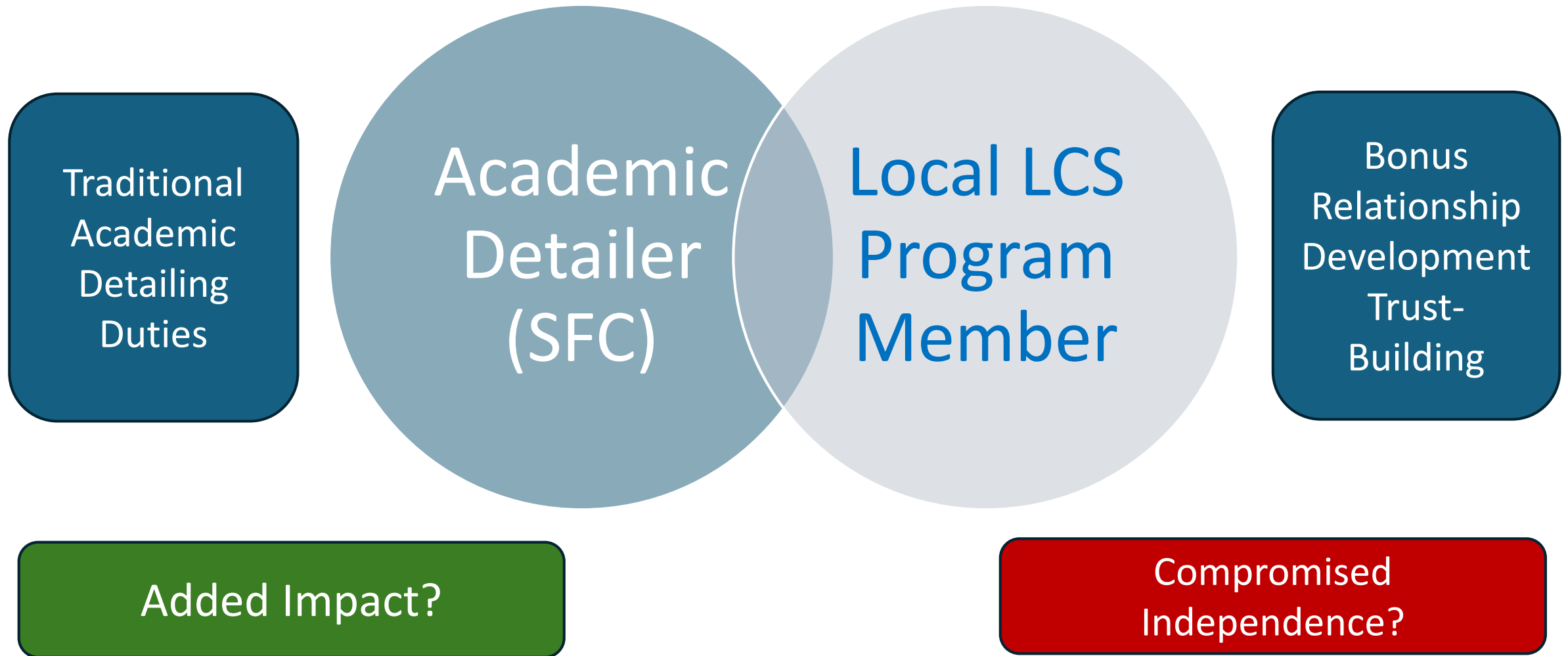
Zoom-
Based
Academic
Detailing

Extends
Access

Constrains
Relationship

“Windshield Time”

“Enhanced” LCS Academic Detailing



CEI: QUILS™ Clinician Resource Portal & State Field Coordinator (SFC)



- Repository of materials to support adoption, implementation, and sustainment of lung cancer screening efforts.
 - Some legacy materials
 - Some new materials
 - Some external materials
 - Living portal – new material added as available and vetted
- Support academic detailing conducted by the State Field Coordinator (SFC) but also available to engaged clinicians who have met with SFC.

Field
Coordinator



Clinicians
& Staff

Clinician Engagement Initiative: Clinician Resource Portal



Practice Tools (e.g., workflows)



Presentations to Use (e.g., slides)



Poster, Flyers, Pamphlets



Brief Trainings (e.g., How-to's)



Other Resources As Available

- Enhancing Engagement
- Providing Support
- Facilitating Implementation
- Content to Tailor
- Adaptable for Co-Branding
- Embedded Acknowledgements

Clinician Engagement Initiative: Training Content

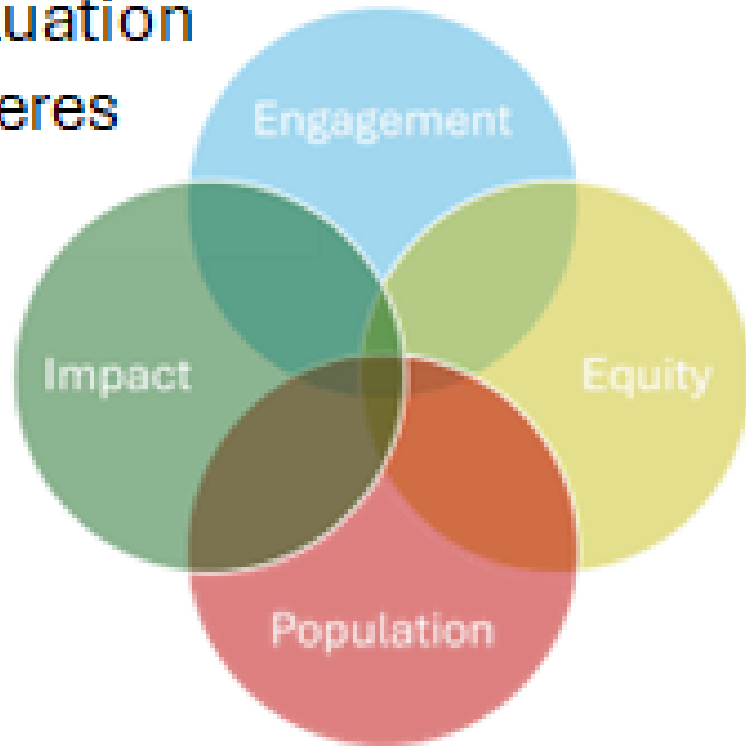


Lung Cancer Screening Topic	Full Presentation	Grand Rounds	Conference Presentation
History of Lung Cancer Screening			
Landmark Lung Cancer Screening Trials			
Lung Cancer Screening Policy (Historical and Current)			
State Lung Cancer Data			
State Lung Cancer Screening Data			
The Lung Cancer Screening Cascade			
Emerging Quality Metric (e.g., HEDIS measures)			
Equitable LCS & Social Drivers of Health			
QUILS™ System Details (Components and Elements)			
Candidate Identification Processes and Procedures			
Candidate Engagement and Shared Decision Making			
Choosing LCS Programs (Centralized vs. Decentralized)			
Lung-RADS: Assessment and Management			
Lung Cancer Risk Reduction (tobacco, radon, SHS, other)			
Lung Cancer Screening Participant Management			
Managing Lung Nodules for Primary Care			
Managing Lung Cancer for Primary Care			

Clinician Engagement Initiative Evaluation Spheres



Evaluation Spheres



- **Engagement sphere** tracks reach and engagement by volume of participants and groups that participate in each intervention.
- **Impact sphere** evaluates intervention effects on relevant outcomes, evaluating change across multiple parameters.
- **Equity sphere** considers intervention impact key equity considerations, including race/ethnicity, socioeconomic resources, geography (e.g., urban, rural, frontier), and other identifying factors, including sex and gender.
- **Population sphere** leverages administrative databases in each state and nationally to examine the population health impact of the multilevel QUILS™ intervention.

Clinician Engagement Initiative Evaluation Spheres: Plan



- **Engagement and Reach Outcomes**

- track the number of clinicians, clinics, and organizations engaged in the CEI academic detailing and other outreach activities. The team will track the number of individuals involved in any CEI activity, including clinicians and staff members who participate. The team will use an internal REDCap¹⁰ database to record events, organizations, and individuals as an indicator of project reach.

- **Lung Cancer Screening-Related Outcomes**

- utilize brief REDCap¹⁰ surveys to assess key parameters related to implementation of lung cancer screening. Standardized instruments developed by members of the CEI team as well as other colleagues will be integrated into pre, post, and follow-up surveys
- brief interviews will query key aspects of clinical behavior and process change at the clinic level. surveys will request ratings of lung cancer screening awareness, engagement/readiness, knowledge, attitudes, and practices.

- **Health Equity**

- monitor and evaluate health equity parameters regarding implementation of the CEI events and interventions regarding lung cancer screening
- track locations of events to evaluate appropriate penetration into urban, rural, frontier, and delta regions
- track engagement with clinicians who serve racially and ethnically diverse communities, communities with lower socioeconomic resources (e.g., who work at Federally Qualified Health Centers, FQHCs), or identify as being affiliated with other communities that may have complicated relationships with the healthcare system

Summary and Conclusions

- ***Engagement and Collaboration*** with primary care clinicians, staff, and other referral sources is vital to accelerating access to and outcomes from lung cancer screening.
- ***Getting the People Part Right*** applies to referring clinicians as well as lung cancer screening candidates.
- ***Academic Detailing*** provides a productive and engaging platform for improving clinician engagement and uptake.
- ***Lung Cancer Screening Programs and Healthcare Systems*** have an incredible opportunity to engage clinicians, increase lung cancer screening, and reduce the burden of lung cancer mortality in their service area.



Thank You!

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The QUILS™ Group

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Kentucky Public Health
Prevent. Promote. Protect.

