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Piloting of a Centralized Primary Care-Based Outreach Model to Increase Lung Cancer Screening – 9-month Interim Results

Melanie B. Johnson MPA

Lehigh Valley Health Network, Melanie_B.Johnson@lvhn.org

Frank Sperrazza DO Lehigh Valley Health Network, Frank_A.Sperrazza@lvhn.org

Kyle Shaak BS Lehigh Valley Health Network, Kyle.Shaak@lvhn.org

Nicole M. Burgess BS *Lehigh Valley Health Network*, Nicole.Burgess@lvhn.org

Hadar Re'em *Lehigh Valley Health Network,* Hadar.Reem@lvhn.org

See next page for additional authors

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Authors Melanie B. Johnson MPA; Fran Grant M. Greenberg M.D., M.H.	k Sperrazza DO; Kyle Shaak BS; Nicole M. Burgess BS; Hadar Re'em; and S.A., M.A.

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Melanie B. Johnson, MPA, Frank Sperrazza, DO, Kyle Shaak, MPH, Nicole Burgess, BS, Hadar Re'em, Grant Greenberg, MD, MHSA, MA Lehigh Valley Health Network, Allentown, PA

INTRODUCTION

- Development of a standard process in an outpatient, primary care setting that supports the US Preventive Services Task Force Lung Cancer Screening guidelines remains elusive.
- Current electronic medical record systems are limited and inconsistent in their ability to correctly identify eligible patients, specifically around patient smoking status and pack-year history.
- Comprehensive program development requires the testing of multifactorial solutions, from proper patient identification to implementing the required shared decision-making (SDM) to navigating patients through the screening process.

OBJECTIVE

 To pilot and evaluate a patient navigation workflow in 5 Family Medicine Practices incorporating mailed and telephone contacts to facilitate population identification, pre-visit outreach, eligibility verification, decision-support, and navigation services through screening completion.

METHODS

POPULATION IDENTIFICATION

Current or former smokers ▶ Age 55–80

- Scheduled PCP visit in 21–26 days
- No history of lung cancer or other condition where
- aoutreach is inappropriate No screening, referral or chest ct in 12 months

EDUCATIONAL

Introductory letter Educational

infographic Pack year calculation Smoking cessation

Decision aid—

OUTREACH

Telephone contacts up to

Screening eligibility verification Screening process education

Introduction of shared decision-making and smoking cessation information

CLINICIAN COMMUNICATION

• EHR staff memo routed to clinician. Eligibility status

Pack year calculation Quit date

Prompt to complete SDM at upcoming visit Order codes and instructions

The LDCT screening completion rate for those with completed visits is 20.6% (n=161), resulting in 6 confirmed new lung cancer diagnoses.

Of the 6 confirmed new lung cancer diagnoses, 5 were Stage I.

RESULTS PROGRAM EVALUATION

Mailing and elephone Outreact

Population

(75.4% of

EMR identified

Completed Shared

Decision-Making

visit population)

Population

Completed PCP visit

(93.1% of outreach

Completed Screening

(20.6% of completed

PCP visits)

- A clinician survey was conducted to measure behaviors, process and guideline adherence of pilot and non-pilot providers. In assessing the pilot program, the vast majority (n = 12, 85%) either responded agreed or strongly agreed that:
- the pilot program helped facilitate conversations with patients around lung cancer screening
- identify patients eligible for screening, and
- educate patients through outreach provided by the patient navigator.





