

Lung Health and Low Dose CT for Early Detection

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SIH Medical Group – Primary Care Group Harrisburg

November 2, 2021



Objectives:

- Discuss tobacco use, lung cancer screening, the burden of tobacco use and lung cancer in Southern Illinois.
- Encourage family practice providers to screen for lung cancer and encourage tobacco cessation and patients to speak with their providers regarding screening eligibility.
- Provide information on shared decision-making requirements for referring patients for low-dose CT Lung Cancer Screening.
- Provide an overview of the USPSTF Lung Cancer Screening Recommendations.
- Share information and resources from the I-STEP Trial.

Cigarette Smoking Among Adults in the US



Cigarette smoking remains high among certain groups



Source: [Current Cigarette Smoking Among Adults in the United States](#) | CDC

Illinois Adult Tobacco use

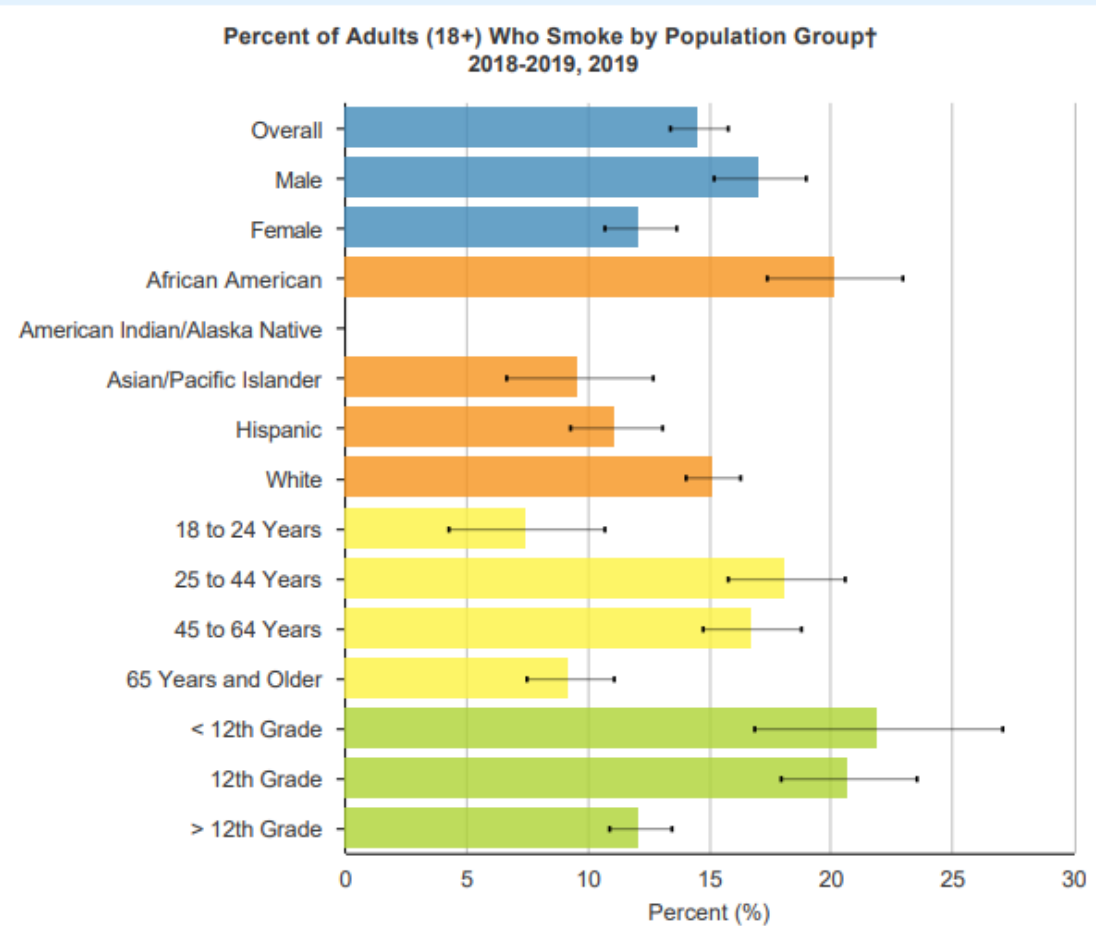
State Highlights



Illinois



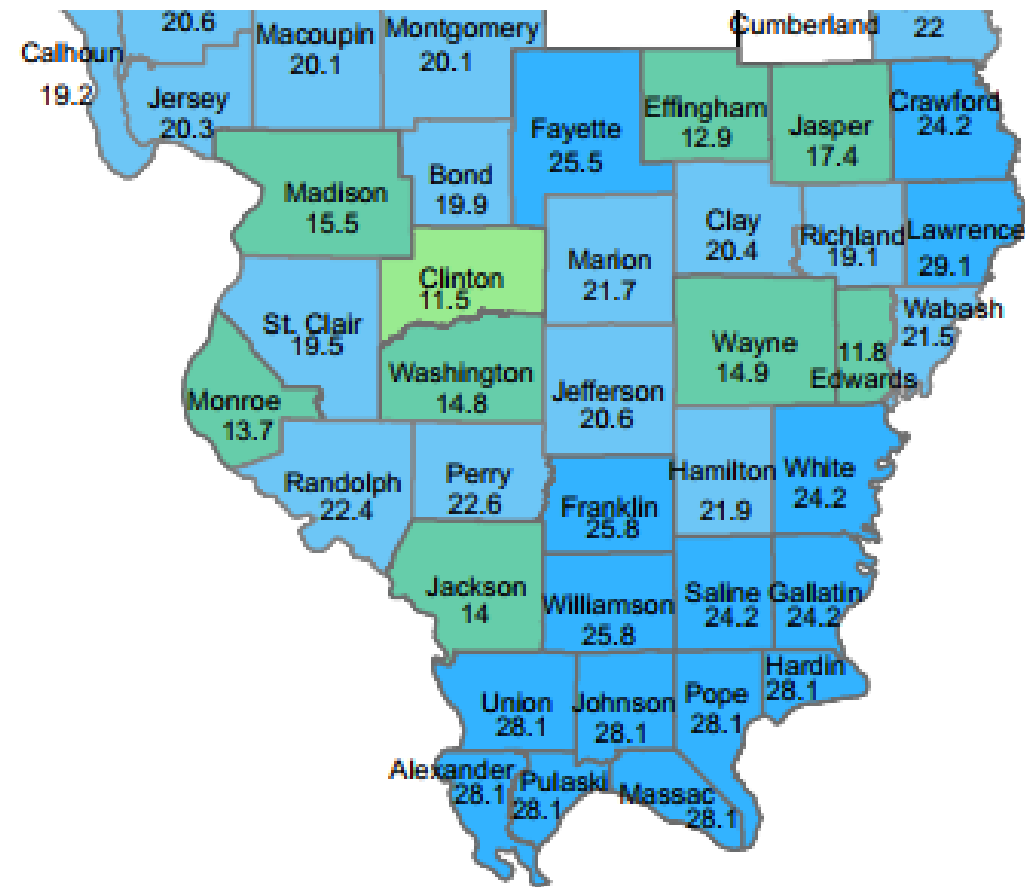
Tobacco Use - Cigarette (Adult)



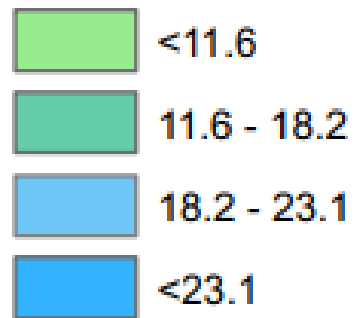
† Estimates for education are based on adults aged 20 years and older. Estimates for racial/ethnic groups are based on combined data for two years.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prevalence of Adults Who Smoke by County, Illinois 2015-2018



Percent of Adult Smokers



Source: Illinois Behavioral Risk Factor Surveillance System, County Round 6, 2015-2018
Retrieved by IDPH Office of Health Promotion 1/24/2019

Developed 01/28/2019

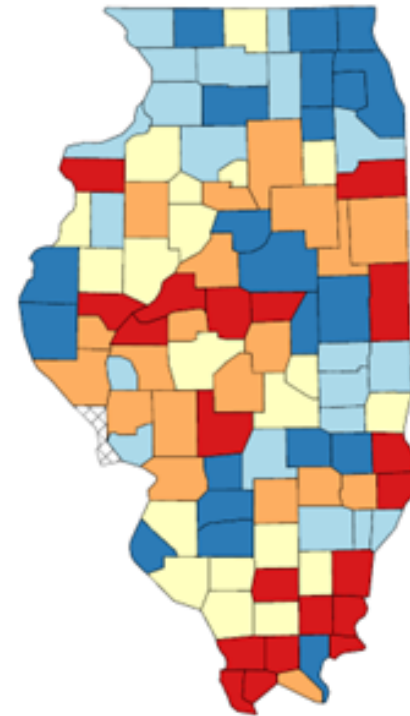
Prepared by the Illinois Department of Public Health
Division of Chronic Disease Prevention and Control

Lung Cancer: National Data

- Lung cancer is the second most common cancer and the leading cause of cancer death in the US. In 2020, an estimated 228,820 persons were diagnosed with lung cancer, and 135,720 persons died of the disease.¹
- The most important risk factor for lung cancer is smoking.^{2,3} Smoking is estimated to account for about 90% of all lung cancer cases,² with a relative risk of lung cancer approximately 20-fold higher in smokers than in nonsmokers.³ Increasing age is also a risk factor for lung cancer. The median age of diagnosis of lung cancer is 70 years.^{4,5}
- Lung cancer has a generally poor prognosis, with an overall 5-year survival rate of 20.5%.¹ However, early-stage lung cancer has a better prognosis and is more amenable to treatment.

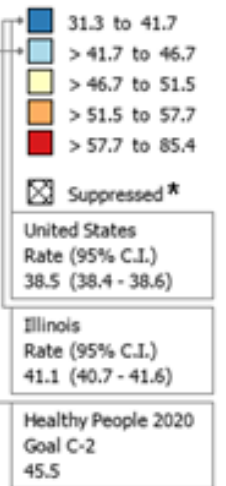
Lung Cancer: Local Data

Death Rates for Illinois by County Lung & Bronchus, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

[Quantile Interval](#)



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2017 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-2 : Reduce the lung cancer death rate to 45.5.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

Data for the United States does not include data from Puerto Rico

Age-Adjusted Annual Death Rate due to Cancer of the Lung and Bronchus, 2014-2018

Comparison: U.S. Counties (Healthy People 2030 Goal 25.1)

Location	Status	deaths/100,000
US	falling	38.5
Illinois	falling	41.1
Franklin	stable	65.4
Gallatin	stable	76.6
Hardin	stable	82.0
Jackson	stable	47.8
Johnson	stable	58.6
Perry	falling	48.2
Pope	**	40.7
Saline	falling	60.6
Union	stable	59.8
White	stable	69.2
Williamson	stable	49.7

Red indicates counties are doing worse than Illinois

Importance of Smoking Cessation

- Quitting is the single best thing a patient/client can do for their health.
- Quitting lowers the risk of lung cancer and many other cancers and diseases, too.
- And the benefits grow over time.



[cancer.org](https://www.cancer.org) | 1.800.227.2345

Health Benefits of Quitting Smoking Over Time

It's never too late to quit using tobacco. The sooner you quit, the more you can reduce your chances of getting cancer and other diseases.

Within minutes of smoking your last cigarette, your body begins to recover:

20
minutes
after
quitting



Your heart rate and blood pressure drop.

A few
days
after
quitting



The carbon monoxide level in your blood drops to normal.

2 weeks
to 3
months
after
quitting



Your circulation improves and your lung function increases.

1 to 12
months
after

Coughing and shortness of breath decrease. Tiny hair-like structures (called *cilia*) that move mucus out of the lungs start

Smoking Cessation: How You Can Assist Your Patients/Clients

- Motivational Interviewing
- **Ask, Advise, Assess, Assist and Arrange**
- Evidence-Based Medication

Evidence-Based Medications



Two Most Effective Medications

1. Combination Nicotine Replacement therapy: Nicotine patch + lozenge or gum
OR
2. Varenicline

Nicotine replacement

Patch dose:

>10 Cigarettes per day start with 21mg q24h
≤10 Cigarettes per day start with 14 mg q24h
apply patch to clean skin, change patch every 24 hours

Gum/Lozenge dose:

Smoking within 30 min of waking, use 4 mg q1-2h
Smoking after 30 min of waking, use 2mg q1-2h
Encourage 6-8/day, safe up to 20/day

Gum use method: "Chew and park" method (see diagram)

Lozenge dissolving method:

Place lozenge in your mouth, occasionally moving from side-to-side. Allow lozenge to slowly dissolve, do not chew or swallow the lozenge. Do not use more than 1 lozenge at a time.

Contraindication: Allergy

Precautions: Pregnancy, Recent serious cardiovascular event (e.g. MI)

"Chew and Park Method"

Each piece of Nicotine gum should be chewed slowly and Intermittently for about 30 minutes



Varenicline

Varenicline: Starter pack (1 week up titration, then 1mg bid) for the 1st month
Continuation pack (1mg bid) after the 1st month

Contraindication: Allergy

Precautions: Pregnancy, **Black box warning lifted (No increase in serious psychiatric or cardiovascular events)**

Bupropion SR (Wellbutrin SR)

Bupropion: Titration 150mg SR qd day 1-3 then 150mg SR bid

Contraindication: Allergy, seizure, anorexia, MAO-Inhibitor

Precautions: Pregnancy, **Black box warning lifted (No increase in suicidal thinking when used in smoking cessation)**

Check drug-drug interactions in Epic prior to submitting order.

V2.9/23/2021. Information adapted from materials from the NCCN guidelines, Southern Illinois Health, and SmokeFree.gov

Smoking Cessation: How You Can Assist Your Patients/Clients

- Referring to Resources
 - Illinois Tobacco Quitline (1-866-QUIT-YES)
 - Text “SIH” to 47848
 - Apps – Quit Guide and Quit Smoking
 - Virtual or in Person classes – SIH offers “Courage to Quit”



FREE PROGRAMS

ARE YOU READY TO QUIT SMOKING?

CALL
1-800-QUIT-YES
(1-866-784-8937)
Free Patches
(Eligible participants)
Free access to trained coaches

TEXT
"SIH" to 47848
Message and data rates may apply
Get 24/7 Support
Text Crave, Mood, or Slip
for free advice

DOWNLOAD APPS
smokefree.gov/apps
Message and data rates may apply
Get 24/7 support, free games
and challenges

VIRTUAL CLASSES
COURAGE TO QUIT
3-6 Sessions with SIH leaders
Register by calling
618-457-5200, extension 67848
<https://www.hsidn.org/couragetoquit>

QuitGuide **qs**

DOWNLOAD FREE
from Apple App store or
Google Play

SIH ASK YOUR HEALTHCARE PROVIDER ABOUT
HOW TO QUIT OR CUT BACK ON SMOKING

Virtual Classes

Free

Three sessions

Educational materials mailed to participant's home

Open to anyone

Promote Illinois Tobacco Quitline to patients



*It takes
courage
to quit*

Register Now by Calling
618.457.5200 ext.67837

2021 Class Schedule

All classes on Monday
5:00p.m. - 6:30p.m. First Session
5:00 - 6:00 Second and Third Session
3 Sessions total

April 12, 19, 26

July 12, 19, 26

October 11, 18, 25

Please plan on attending all
three consecutive sessions in one
month.

Where:

Virtual Classes, offered online.

Who Can Attend:

For Southern Illinois Residents Only

Cost: Free

Respiratory Health Association
Certified Leaders:

Angie Bailey
Fanta Saidou
Sandra Schwartz

Quitting smoking can:

- » Save money
- » Make breathing easier
- » Make a positive impact on others



RESPIRATORY
HEALTH
ASSOCIATION



For more information visit:
www.hsidn.org/couragetquit

Annual Lung Cancer Screenings with Low-Dose CT:

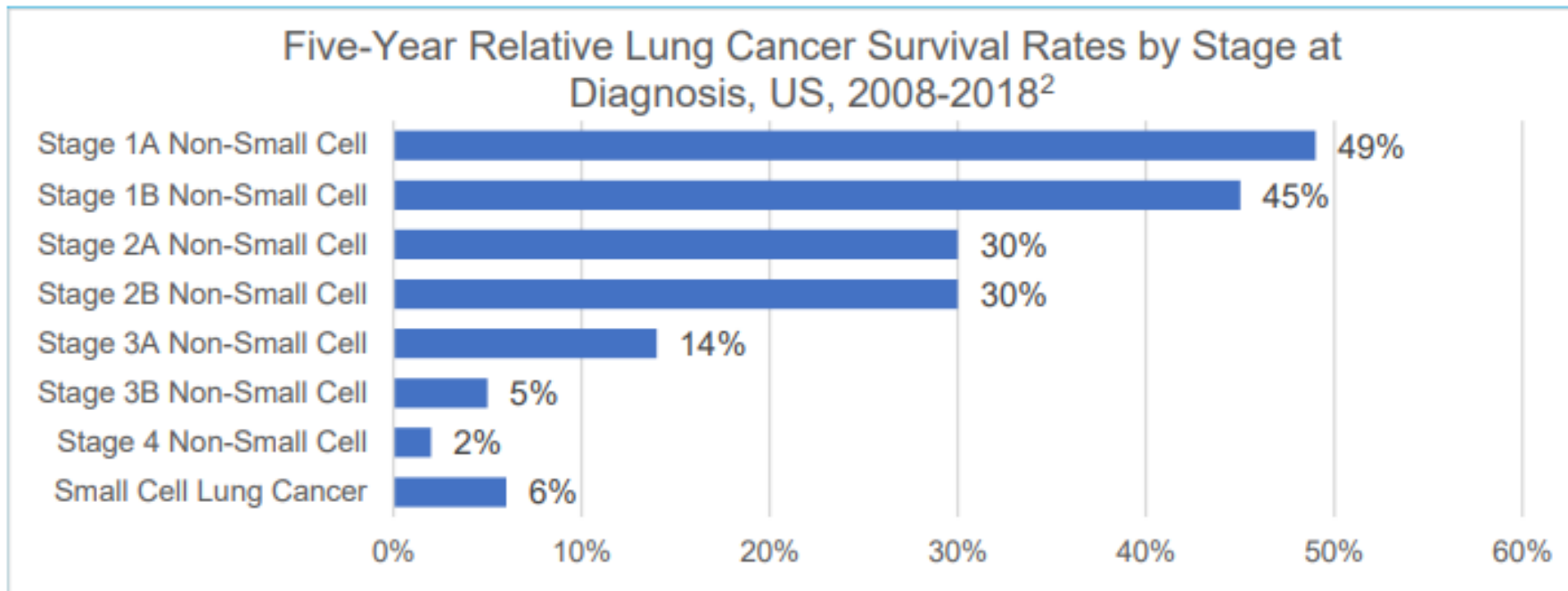
For eligible smokers and former smokers, annual lung cancer screening with Low-dose CT (LDCT) can lower lung cancer mortality by up to 20 percent and total mortality by 7 percent.

Screening is recommended only for adults who have no symptoms but are at high risk.

- If a patient meet eligibility criteria for screening, yearly low-dose CT tests are covered by Medicare and most private insurance
- Patients should speak with their healthcare provider to verify coverage.

Five-Year Survival Rates by Stage at Diagnosis

As illustrated in the table below, five-year survival rates of patients diagnosed with Stage 1 non-small cell lung cancer are near 50 percent. In contrast, patients with Stage 4 non-small cell lung cancer on average have a five-year survival rate of just 2 percent.



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LUNG CANCER SCREENING

IF YOU ARE 55 TO 77 YEARS OLD AND SMOKE OR USED TO SMOKE:
TALK WITH A HEALTH CARE PROVIDER
ABOUT
YEARLY LUNG CANCER SCREENING

Screening with low-dose CT can cut the risk of dying of lung cancer by finding cancer when it is more treatable.

WHO IS ELIGIBLE FOR SCREENING WITH LOW-DOSE CT?

- 55 to 77 years old
- Current cigarette smoker – or quit in last 15 years
- Heavy smoker – at least 1 pack/day for 30 years, or 2 packs/day for 15 years

Lung cancer screening has both risks and benefits. **Talk with a health care provider to see if it is right for you.**

SCREENING IS AVAILABLE AT MULTIPLE SIH LOCATIONS.

For more information, contact:
Kari Winters, LPN, Lung Patient Navigator,
kari.winters@sih.net, 618-529-0520 ext 66748



Dr. Matthew Winkleman
Southern Illinois Medical Services

QUITTING STILL COUNTS

Getting smoke-free – and staying smoke-free – is one of the best things you can do for your health, even if you get screened.

For help quitting, talk with your provider and:
Visit SmokeFree.gov
Call the Illinois Quitline, 1-866-QUIT-YES



Impact of Low-Dose CT (LDCT) Screening on Improving Survival Rates

In heavy smokers and ex-smokers, LDCT has been shown to lower the risk of lung cancer mortality by up to 20 percent compared to chest x-ray.^{3,4}

One of the few studies on the long-term impact of LDCT yielded promising data. This well-regarded study, which included 31,567 asymptomatic patients at risk for lung cancer screened with LDCT from 1993-2005, focused on the survival of patients with Stage 1 lung cancer specifically.⁵

- The screenings resulted in a lung cancer diagnosis of 484 participants (1.5 percent of all patients screened), of which 412 (85 percent) had Stage 1 lung cancer. The estimated 10-year survival rate of these participants with Stage 1 lung cancer detected by LDCT was 88 percent.
- Among the 302 participants with Stage 1 cancer who underwent surgical resection within 1 month of diagnosis, the 10-year survival rate was 92 percent.



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REVISED USPSTF RECOMMENDATION FOR LUNG CANCER SCREENING GUIDELINES: WHAT IS CHANGING AND WHAT IT MEANS FOR PROVIDERS TODAY

- On March 23, 2021, the U.S. Preventive Services Task Force (USPSTF) issued a revised recommendation for annual screening for lung cancer with low-dose computed tomography (LDCT). Until the Centers for Medicare & Medicaid Services (CMS) adopts the revised guidelines, providers may encounter challenges obtaining insurance coverage for patients who are a part of the newly eligible population.
- It is anticipated that CMS will adopt the USPSTF's recommendation, and coverage for lung screening with LDCT according to the new guidelines will begin in January 2022. Once CMS adopts the new guidelines, private insurers will follow. For now, **it is advised that providers continue to follow the old lung cancer screening guidelines.**

What is changing?

The revised recommendation from USPSTF **expands the age range of eligible patients to 50 to 80 years** (previously 55 to 80 years, though CMS only reimburses up to age 77) and **reduces the pack-year history to 20 pack-years** of smoking (previously 30 pack-years).¹ USPSTF advises that screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.¹

Old USPSTF Lung Cancer Screening Guidelines ²	Newly Recommended USPSTF Lung Cancer Screening Guidelines ¹
✓ 55 to 80 years old (though CMS only reimburses up to age 77) ³	✓ 50 to 80 years old
✓ Currently smoke cigarettes – or quit in last 15 years	✓ Currently smoke cigarettes – or quit in last 15 years
✓ 30-pack years or more history (see the Pack-Years/Eligibility Calculator worksheet in the I-STEP Toolkit or visit www.smokingpackyears.com)	✓ 20-pack years or more history (see the Pack-Years/Eligibility Calculator worksheet in the I-STEP Toolkit or visit www.smokingpackyears.com)
✓ Asymptomatic (No signs or symptoms of lung cancer, e.g., cough, chest pain, hoarseness, hemoptysis, or dyspnea)	✓ Asymptomatic (No signs or symptoms of lung cancer, e.g., cough, chest pain, hoarseness, hemoptysis, or dyspnea)
✓ Have not had a screening or diagnostic CT in the last 12 months	✓ Have not had a screening or diagnostic CT in the last 12 months

How will the number of eligible patients under the new guidelines be impacted?

- The new guidelines will **nearly double the eligible population** for lung cancer screening with LDCT, including **more African-Americans and women**.⁴ Although African-Americans and women tend to smoke less heavily than white males, they also develop lung cancer earlier and from less tobacco exposure than do white men.⁴
- Screening rates under the old guidelines are very low in spite of demonstrated survival benefits. Nationally, it is estimated that only 4% to 12.5% of eligible patients are currently getting screened.^{5,6} It is imperative that primary care providers discuss lung cancer screening with eligible patients, especially in anticipation of CMS' adoption of the expanded screening guidelines.

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What if a patient falls outside of the old screening guidelines but you think they may benefit from lung screening?

- If you have a patient who you think would benefit from lung screening but falls outside of the old guidelines, you are encouraged to **contact your local lung screening navigator** as they may be able to assist with obtaining prior authorization. Some insurers have approved of lung screenings for patients that fall outside of the guidelines.

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Master Version 1 | 3.23.21

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Lung Cancer Screening: Asymptomatic

No signs or symptoms of lung cancer

No cough

No chest pain

No hoarseness

No hemoptysis (coughing up blood)

No dyspnea (difficult or labored breathing)

LUNG CANCER SCREENING

Calculating "Pack Years"

- A "pack year" is calculated as the number of packs per days multiplied by years.
- For example, someone who smoked a half pack a day for 10 years, then increased to a pack a day for 10 years, and then reduced to a half pack a day for an additional 10 years would have a cumulative 20 pack years $((\frac{1}{2} \text{ ppd} \times 10 \text{ years}) + (1 \text{ ppd} \times 10 \text{ years}) + (\frac{1}{2} \text{ ppd} \times 10 \text{ years})) = (5 \text{ pack years} + 10 \text{ pack years} + 5 \text{ pack years})$.
- Visit www.smokingpackyears.com to estimate pack years.



SMOKING PACK-YEARS CALCULATOR

Use this tool to estimate pack-years smoking history, which is an eligibility requirement for annual lung cancer screening with low-dose CT (LDCT)

INSTRUCTIONS

Connect a straight line from the “Cigarettes” column to the “Years” column. The point where the line crosses the “Pack-Years” column is an estimate of pack-years history.

If number of cigarettes smoked per day has varied significantly over time, estimate pack-years for each period and add together for total pack-years.

Pack-years ≥ 30 is an indication for screening referral, if other eligibility criteria are met.

Eligibility criteria for LDCT

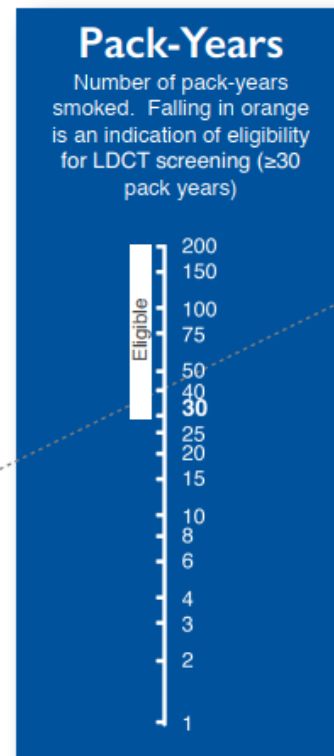
- 55 to 77 years old
- Currently smokes cigarettes – or quit in last 15 years
- 30-pack years or more history (Tool: smokingpackyears.com)
- Asymptomatic (No signs or symptoms of lung cancer, e.g., cough, chest pain, hoarseness, coughing up blood, or shortness of breath)
- Have not had a screening or diagnostic CT scan in the last 12 months

SIH LUNG SCREENING AND SMOKING CESSATION CONTACTS

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kari.winters@sih.net, 618-529-0520 ext 66748

Angie Bailey, MPH, M.S.Ed, CHES,
System Director of Community Health,
angie.bailey@sih.net, 618-457-5200 ext 67834

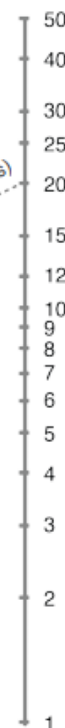
SIH Draft 1 | 8.27.19



Cigarettes
Number of cigarettes smoked per day on average.
20 cigarettes = 1 pack

- 60 = 3 pack(s)
- 50 = 2 1/2 pack(s)
- 40 = 2 pack(s)
- 30 = 1 1/2 pack(s)
- 25 = 1 1/4 pack(s)
- 20 = 1 pack(s)
- 15 = 3/4 pack(s)
- 13 1/3 = 2/3 pack(s)
- 10 = 1/2 pack(s)
- 8 = 2/5 pack(s)
- 6 = 3/10 pack(s)
- 5 = 1/4 pack(s)
- 4 = 1/5 pack(s)

Years
Number of years smoked



Example (40 pack-years)

To calculate pack-years online:
Smokingpackyears.com

For help quitting:
Call 1-866-QUIT-YES or
visit SmokeFree.gov

Notes:

Pack-years =

LUNG CANCER SCREENING: BENEFITS AND RISKS

Benefits of LDCT Scan

- In the National Lung Screening Trial performed by the National Institutes of Health, the results indicated a 20% reduction in lung cancer mortality and a 6.9% decrease in all-cause deaths when using a low-dose CT scan for screening compared to chest x-rays.
- Screening prior to the presentation of symptoms can help find cancer at an earlier stage, thereby increasing the amount of treatment options available (including non-surgical options) as well as improving the efficacy of treatments provided. Five-year survival rates are near 50% for non-small cell lung cancer and 30% for Stage 2 non-small cell lung cancer per the American Cancer Society and SEER Cancer Statistics Review.
- Low-dose CT scans are fast, painless and noninvasive.

Risks of LDCT Scan

- False positive – when a test appears to be abnormal but no lung cancer is found. In the National Lung Screening Trial performed by the National Institutes of Health, 24.2% had positive findings; 96.4% of those were false positives. A false positive test result is usually followed by more tests, which also include risks and may cause anxiety for the patient.
- False negative – when a test appears to be normal even when lung cancer is present.
- Over-diagnosis – sometimes screening can identify slow-growing cancers that would not lead to illness or death.
- Exposure to radiation – LDCT uses about 25% of the amount of radiation in a regular CT scan.

LUNG CANCER SCREENING: SHARED DECISION-MAKING CONVERSATION

- Must be held between Medical Provider and patient.
- Must include the following 4 items in the discussion:
 - 1 - Determination of beneficiary eligibility including:
 - age,
 - presence of signs or symptoms of lung cancer,
 - a specific calculation of cigarette smoking pack-years;
 - and, if former smoker, the number of years since quitting.
 - 2 - Shared decision-making with at least one decision aid;
 - discuss the benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate and total radiation exposure.

LUNG CANCER SCREENING: SHARED DECISION-MAKING CONVERSATION, Continued

3 - Counsel on the importance of adherence to annual lung cancer low-dose CT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment.

4 a - If a former smoker, counsel on the importance of cigarette smoking abstinence;

4 b - If a current smoker, counsel on the importance of smoking cessation coupled with the appropriate smoking cessation information.

Shared Decision-Making Resources:

AHRQ - <https://bit.ly/2yEWCSK>

SIH's I-STEP Toolkit - <https://www.livebinders.com/b/2662745>
Access code is 2020.



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BILLING CODES for Shared Decision-Making Appointments and LDCT Screenings*

- **Note – These CPT codes do NOT apply to physicians at rural health clinics. Rather, these services are included within E&M codes.*
- **G0296:** Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision-making)
- **G0297:** Low-dose CT scan (LDCT) for lung cancer screening. In addition to the HCPCS code, these services must be billed with ICD-10 diagnosis code Z87.891 (personal history of nicotine dependence, former smoker) or **F17.210** (current smoker, nicotine dependence). Note: Tobacco use is insufficient to recommend LDCT screening. Heavy smoking and nicotine dependence are required to meet medical necessity.

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I-STEP Trial: Increasing Screening Through Engaging Primary Care Providers

- The I-STEP Trial is the first joint research endeavor within BJC Collaborative (BJCC).
- It is a Non-Therapeutic Implementation Study designed by Washington University School of Medicine to:
 - **Study important factors which help advance the understanding of cancer and its impact.**
 - **Examine how we can take guidelines (lung cancer screening) and move them into practice to most effectively reach the patients at-risk and improve population health.**



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I-STEP Trial: Background

- Participating BJCC Member Health Systems
- Six of the eight health systems affiliated with BJCC are participating in I-STEP.
- The participating systems include:
 - **BJC HealthCare's Barnes-Jewish St. Peters Hospital (St. Peters, MO)**
 - **Cox Health (Springfield, MO)**
 - **Decatur Memorial Hospital (Decatur, IL)**
 - **Memorial Health System (Springfield, IL)**
 - **Southern Illinois Healthcare (Carbondale, IL)**
 - **Sarah Bush Lincoln Health System (Mattoon, IL)**



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I-STEP Trial: Goal

Through the development and dissemination of a PCP toolkit, I-STEP aims to assist primary care providers in setting up simple, low-cost office-based systems to help improve performance in the five key steps in implementing referrals for low-dose CT (LDCT) lung cancer screening:

1. Educate patients about lung cancer screening
2. Identify patients who are eligible for screening
3. Enable and monitor patient assessment, cessation referral, referral for LDCT screening and completion of lung screening, and adherence to smoking cessation/pharmaceutical therapies
4. Notify patients of test results
5. Document patient test results and any follow-up as needed

I-STEP Trial: The Intervention



Preparation Phase:

- Develop Toolkit
- Identify practices to engage
- Train staff

Intervention Phase:

- Visit practices – assess current state, share Toolkit
- Reinforcement visits and outreach to sustain referrals

HOW WE APPEALED TO OUR PROVIDERS

- SIH reached out to the practice managers at the facilities to set up a “lunch and learn” with the providers and staff who would be rooming patients
- At least two binders for the nursing staff (depending on size of practice) given for reference.
[COVID-19 Statistics | IDPH \(illinois.gov\)](#)
- SIH provided the pamphlets, brochures, pocket cards, and posters to the practices.
- SIH included a laminated copy of the informational sheet for each patient room

HOW WE APPEALED TO OUR PROVIDERS – THE EPIC TOOLKIT

- Our greatest success – The EPIC Toolkit
- Dana West worked with our IT/EPIC Analyst to trigger a BPA (Best Practice Advisory) in EPIC if a patient meets the criteria to have a LDCT

The screenshot shows the EPIC Rooming Social History form. The 'History' tab is selected in the top navigation bar. The 'Tobacco' section is expanded, showing the following fields and values:

- Tobacco Use: Current Every Day Smoker
- Start Date: [empty]
- Out Date: [empty]
- Packs/day: 2.00 (with a dropdown menu showing options: 0.25, 0.5, 1, 1.5, 2, 3)
- Years: 15.00 (with a dropdown menu showing options: 0.5, 1, 2, 3, 4, 5, 10)
- Pack Years: 30
- Ready to Quit: Yes No
- Counseling Given: Yes No
- Comments: [empty text box]

Other fields include 'Smokeless Tobacco Use: Never Used' and 'Smokeless Tobacco Out Date: [empty]'. A 'Mark as Reviewed' button with a checkmark is visible in the top right corner of the form area. The left sidebar contains navigation icons for Chart Review, Immunizations, Rooming (highlighted with a black box), Screenings, Notes, Plan, and Quick Proceeds.

6

HOW WE APPEALED TO OUR PROVIDERS – THE EPIC TOOLKIT (CONTINUED)

- If a patient qualifies for a LDCT based on the information pulled from their EPIC chart and the information entered by the staff rooming the patient, the LDCT can be ordered from the BPA

! Lung Cancer Screening Low-Dose CT Scan ✓ Accept (1) ✕ ⤴

This patient may be a candidate for lung cancer screening CT based on age and smoking history.

Order	Do Not Order	🏠 CT low dose chest ca screen baseline exam
Order	Do Not Order	🏠 CT low dose chest ca screen 3 or 6 mo. f/u
Order	Do Not Order	🏠 CT low dose chest ca screen annual exam

Acknowledge Reason _____

Not eligible	Patient declined	Pt had test elsewhere
--------------	-------------------------	------------------------------

✓ Accept (1)

HOW WE APPEALED TO OUR PROVIDERS – THE EPIC TOOLKIT (CONTINUED)

- The EPIC Toolkit allows providers to stay within their window for appointment time
- The toolkit allows for shared decision making to be documented while ordering the LDCT
- Once ordered the LDCT will be reflected in the Health Maintenance Tab
- The frequency of the LDCT can be modified by the PCP, if recommended by the LungRads category

HOW WE APPEALED TO OUR PROVIDERS – OVERVIEW



Received support from Senior Administration



Provided a “lunch and learn” for providers



Trained rooming staff



Provided binders and tools for providers and staff



Provided follow up and contact information for research staff administering i-step



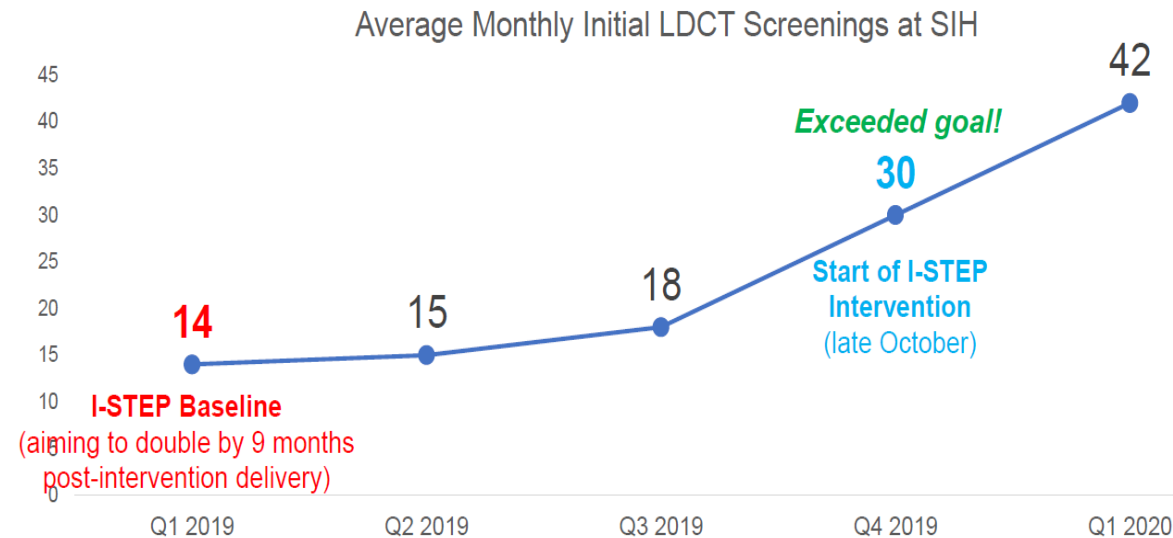
Provided practice managers with monthly reports on practice ordering volumes

LESSONS LEARNED

- Find ways to keep providers engaged
 - If providers find the LDCT screening valuable to their patients and practice, you will succeed
- Provide constant support and resources for providers
 - (e.g. scheduling)
- At times, the primary care providers will move at a faster pace than the other departments
 - (e.g. interventional radiology and pulmonology)

GOAL AND PERFORMANCE TO-DATE – AVERAGE MONTHLY INITIAL SCREENINGS: SOUTHERN ILLINOIS HEALTHCARE

Goal: Average of 28 initial screenings per month



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Special Thank You

Justin Walker, SIH Research Department



SIH Version 2 | 2.9.21

A joint research endeavor between Washington University School of Medicine and BJC Collaborative

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