

DeLand | Fish Memorial | Flagler | Memorial Medical Center

# **Community Outreach: Outcomes Report**

## **Low-Dose CT Lung Screening**

#### Significance & Background:

There is a pressing need to improve lung cancer screening and care coordination in Flagler and Volusia counties in Florida because these counties have higher than the national incidence and mortality rates in lung cancer, and a higher than state average for chronic smokers.

## Census Data

County Name	Total Population <sup>1</sup>	Population 50+ <sup>1</sup>	Smoking Prevalence <sup>2</sup>
Flagler County	102,408	51,543	18%
Volusia County	507,531	231,783	25%
TOTALS	609,939	283,326	<b>22%</b> <sup>3</sup>

Tobacco Use:		Percentage of A	dult Current Smokers	Who Tried to Q	uit Smoking at
			Least Once in the	e Past Year	
17% of Florida adults ar	e current		2002	2007	2010
smokers. This is defined as those who		Volusia	44.8	50.9	61.3
have smoked 100+ cigarettes in their		Florida	55.3	53.2	30.1
lifetime and who are still smokers. Volusia County adults surpass this		Volusia White	44.1	53.7	56.9
		Volusia Black	Not available	Not available	Not available
		Volusia Hispanic	Not available	Not available	Not available
percentage by 23%. Non-Hispanic Blacks		Volusia Male	42.9	51.2	61.7
(24%) and ages 18-44 (29.6%) have the		Volusia Female	46.6	50.6	60.9
highest rates.		Source: Behavioral R	lisk Factor Surveillance Sy	stem Data Report	
preventable cause of death and disease in the United States. Each year,	75 - 50 - 25 -				
approximately					
443,000 Americans	0 —	2002	2007	2010	
die from tobacco-	Volusia Total	22.7	21.9	23.3	
related illness. For	Florida Total	22.2	19.3	17.1	
every person who	Volusia Non-Hispanic White	22.7	24.1	23.2	
dies from tobacco	Volusia Non-Hispanic Black			24.4	
use, 20 more people	Volusia Hispanic		10.9	19.4	
	Volusia Total	Florida T nic Black		Volusia Non-Hispanic	White

#### **Rationale:**

Lung cancer is our number one cancer site in our Region, based on data from our Cancer Data Services Department. Our stage at diagnosis is worse than the national average. We have a much higher incidence of smokers and former smokers in the community who likely meet eligibility criteria

#### **Purpose of Lung Screening:**

The US Preventive Services Task Force issued a final B-level recommendation in December 2013 indicating that individuals between the ages of 55 and 80 years who have a 30-pack-year smoking history and have smoked within the past 15 years should receive annual low-dose computed tomography (CT) lung cancer screening. The Centers of Medicare and Medicaid Services issued similar eligibility criteria.

#### Methods:

The lung cancer screening committee included 15 members, representing a broad range of expertise. This team was co-led by a physician Chair and Vice-Chair. The committee discussed operational, clinical and system issues related to the implementation of CT lung cancer screening and developed recommendations for implementing CT lung cancer screening program for the Central Division -North Region of the Adventist Health System; a four-hospital initiative.

The committee identified six main objectives that must be achieved to optimize the efficiency and effectiveness of implementing CT lung cancer screening: 1) Develop a Pulmonary Program Governance Committee; 2) Accurately identify persons eligible for screening; 3) Identify and provide access to screening at authorized and qualified locations for eligible individuals; 4) Ensure appropriate care coordination for positive and negative screening results; 5) Monitor and support continuous quality improvement of screening programs; and 6) Offer and provide a smoking cessation program for all current smokers. The committee implemented a series of stakeholder-specific pathways, in order to, achieve these goals.

#### **Innovation:**

The Lung Care Nurse Navigator's role was central in this project. A goal was set to complete a total of 50 screens during 2016. For 2017, each facility far surpassed the volume goal set. The scheduling of 2 facilities was consolidated during quarter 3. This provided a standardized approach to the scheduling and tracking of screening participants throughout the process. That process will be regionalized in January 2018.

### Results:

## 2017 LOW-DOSE CT REPORT

FH DELAND	Total
# Completed	101
# LungRad 4	9
# Cancers Found	1
FH FISH MEMORIAL	Total
# Completed	104
# LungRad 4	6
# Cancers Found	1
FH FLAGLER	Total
FH FLAGLER # Completed	Total 75
# Completed	75
# Completed # LungRad 4	75 7
# Completed # LungRad 4	75 7
# Completed # LungRad 4 # Cancers Found	75 7 1
# Completed # LungRad 4 # Cancers Found FH MEMORIAL	75 7 1 <b>Total</b>



### **Effectiveness of Program**

During 2017, our Region identified 4 new lung cancer patients through this screening initiative. In addition, there were 37 participants who will require additional follow-up, based on the findings of their screening test. Physician members in our community have significantly increased their counseling and referring of patients to this program. We completed 416 LDCT scans from January – November: FH Deland: 101; FH Fish Memorial: 104; FH Flagler: 75; FH Memorial: 136. With our high stage at diagnosis and significant population in our community who are smokers, this program is important to continue.

#### **Conclusion:**

The execution of the pathway to offer effective and efficient population-based CT lung cancer screening requires involvement and coordination of stakeholders across the health care system to address the procedural, data and infrastructural requirements that were recognized.