Lung Cancer Screening: The Patient Perspective

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Lung Cancer Screening

- Relatively new (2013) recommendation by multiple organizations
- Grade B recommendation by the United States Preventive Services Task Force
- Covered preventive service under the Affordable Care Act and Medicare
- Criteria:
  - Age 55-80 years (USPSTF); Age 55-77 years (Medicare)
  - Current smoker or former smoker
    - If Former, quit within past 15 years
  - 30 pack-year tobacco smoking history
Medicare Coverage Decision for Lung Cancer Screening…

...requires shared decision-making between patient and provider
What Does this Really Mean?

Lung Cancer Screening Guidelines
- Tells us “who”

Patient-Provider Discussion
- “shared decision-making”

Decision to Screen or Not
Shared Decision-Making
But what do patients know about lung cancer screening?

- Screening Guidelines Issued (2013)
- Focus Group Study (2014)
- Medicare Decision (2015)
- Lung Health Study (2015)
- Opt Out Study (2015-2016)
- LungTalk Development (2016-...
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Focus Group Study

- 4 groups (screening-eligible long-term current and former smokers)
  - 2 groups recently screened and 2 groups of unscreened participants
- Explored knowledge and beliefs about lung cancer risk and lung cancer screening
- Major Findings:
  - Confusion about risk factors
  - Unaware lung cancer screening existed or confused about how it is performed
  - Smoking-related Stigma as a barrier to screening
  - Distrust of the Healthcare System
But what do patients know about lung cancer screening?
Medicare National Coverage Determination

- Medicare approves annual coverage of lung cancer screening for its beneficiaries
- But with stipulations:
  - Lung Cancer Screening Counseling and Shared Decision-Making Visit
    - Must be documented for reimbursement
  - Counseling and Shared Decision-Making Visit must be furnished by a physician or a qualified non-physician practitioner (meaning a nurse practitioner, physician assistant, or clinical nurse specialist)
  - If current smoker, smoking cessation intervention offered
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Lung Health Study

- Survey study with 497 screening-eligible people nationwide
- Examined different variables related to lung cancer screening
  - Health Beliefs (perceived risk, perceived benefits, perceived barriers, self-efficacy)
  - Stigma
  - Healthcare provider recommendation
  - Social influence
  - Knowledge
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<tr>
<th>What Seems to Matter</th>
<th>What Did Not Seem to Matter</th>
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<tbody>
<tr>
<td>- Perceived Benefits, Perceived Barriers, &amp; Self-efficacy</td>
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Exploring Opting Out of Lung Cancer Screening (late 2015 - early 2016)

- Individual interviews with 18 screening-eligible patients at Group Health (Seattle, WA)
  - Offered lung cancer screening by their provider, but decided not to screen
- Mixture of current and former smokers
- Some opted out during appointment with PCP; Others canceled or did not show for screening appointment
What we found...

Reasons for Opting Out
- Worried about false-positives
- Inconvenience (time, location)
- Did not really understand screening
  - Rushed conversations about LCS
  - Referred to pamphlets to read on their own

Why Does this Matter?
- We have room for improvement in:
  - Patient education
  - Fostering an environment to engage patients in the patient-provider discussion about lung screening
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LungTalk

- Computer program tailored to the individual
- To prime the patient for the patient-provider discussion about lung screening before the visit
  - Emailed to patient before an upcoming appointment
  - Tablet-based while waiting for provider
**Bottomline...**

- Lung cancer screening with low-dose CT has the potential to identify lung cancer early.
- But the decision to screen is individualized and should be made as a result of a discussion with your provider to make the decision that is right for you.
A special “thank you” to all the wonderful and gracious individuals that have taken the time to share their stories, thoughts and opinions with our research team over many studies to better understand lung cancer screening behaviors.
Questions...