

SELF-REPORTED PROGRAM BARRIERS TO INCREASING LUNG CANCER SCREENING RATES IN THE US AND IMPLICATIONS FOR THE SCREENING COMMUNITY

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BACKGROUND

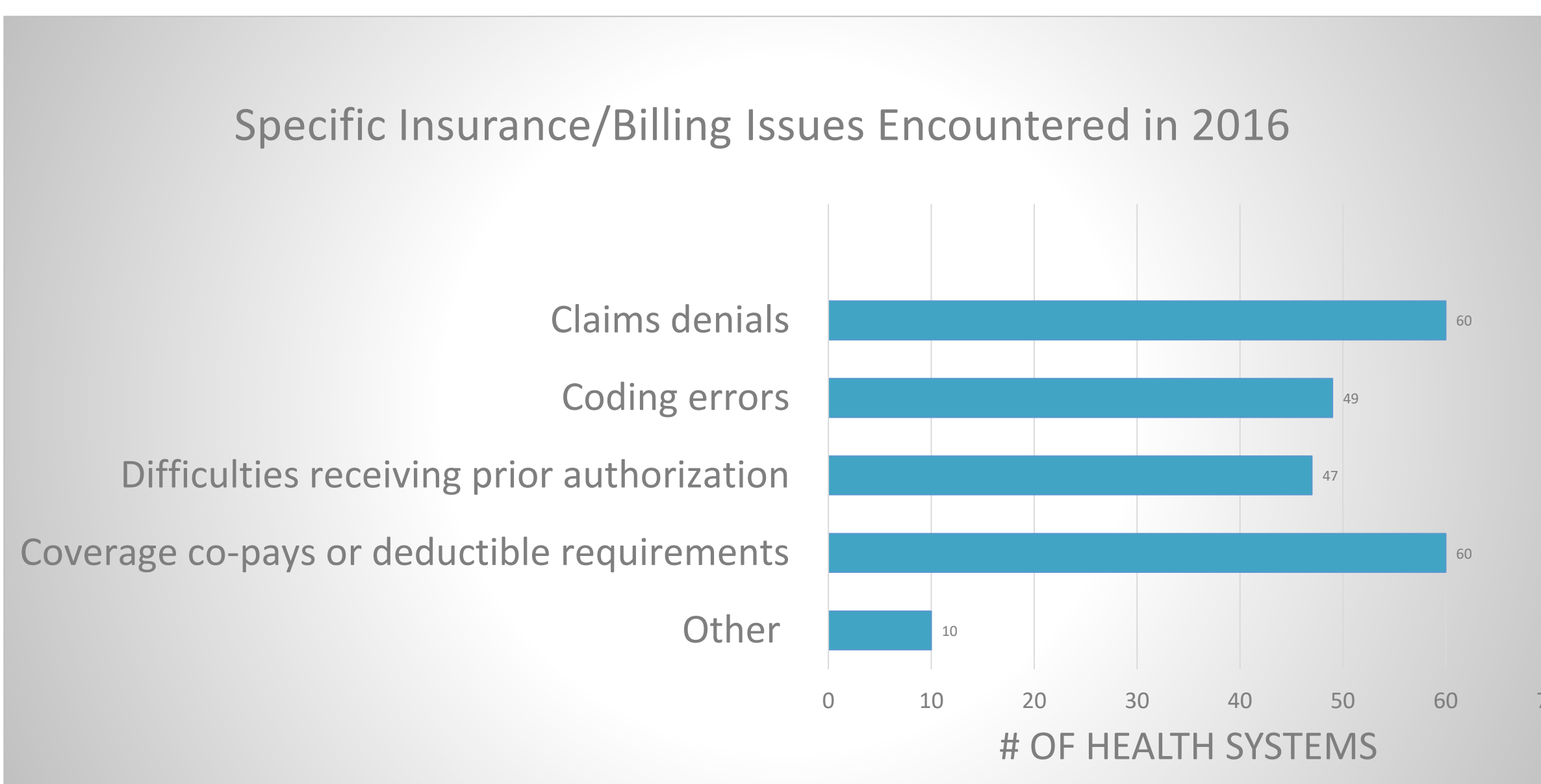
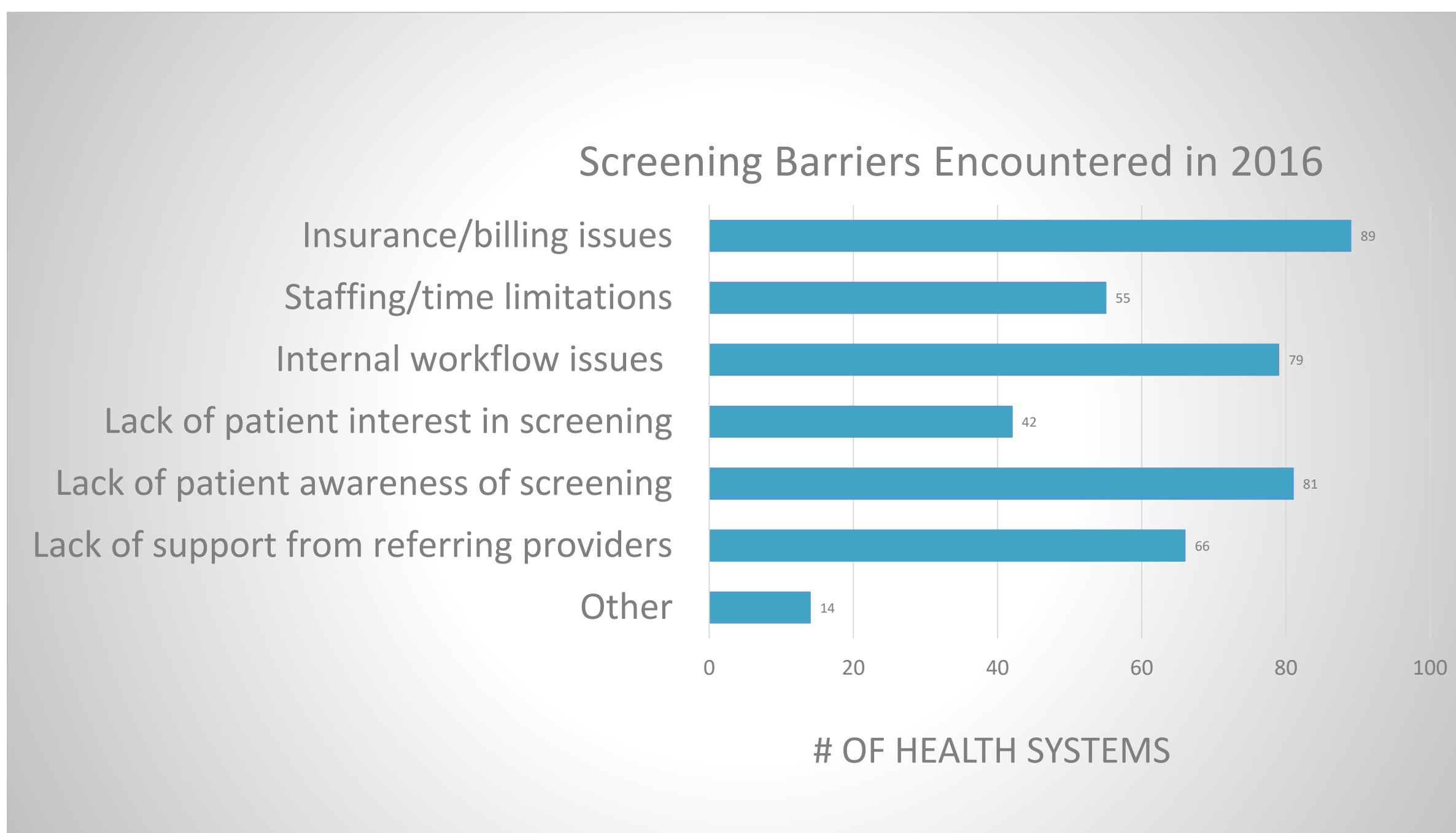
Despite approval and coverage for lung cancer screening in the US for a high-risk population, recent research indicates that screening rates are still far lower than anticipated. Jemal and Fedewa (2016) looked at rates during 2011-2015 and found only a 3.9% screening rate in the eligible population. While some of that low rate may be due to lack of insurance coverage in both private and Medicare populations during the bulk of the study time period, screening programs continue to report challenges that may be barriers to increasing screening rates even though it is covered by most insurance plans and Medicare.

In 2012, Lung Cancer Alliance (LCA) established the National Screening Centers of Excellence Network to address high-quality implementation of lung cancer screening. To date, there are over 500 mostly hospital-based lung cancer screening programs representing 42 states and DC. In 2017, we launched voluntary data tracking to learn more about implementation practices and continued challenges.

METHODS

In a network of mostly hospital-based lung cancer screening programs in the US, 152 programs representing both academic and community programs completed a survey on practices and statistics, achieving a 61% response rate. The survey was completed using SurveyMonkey between March-June 2017 and asked a range of questions based on the 2016 program experience, including program statistics, current smoking cessation referrals, participation in research and programmatic barriers.

RESULTS



Other barriers identified by respondents included lack of provider awareness and challenges (often technical) with complying with the Medicare requirement for submission of registry data.

The majority of respondents indicated that insurance/billing issues, lack of patient awareness, internal workflow challenges, and lack of support from referring providers were barriers that continued to cause problems in 2016.

Because insurance/billing issues continue to be a barrier identified as significant, respondents provided more detail about the nature of these issues. Primary problems included claims denials, coverage co-pays or deductibles, coding errors and receiving prior authorizations.

PRACTICE IMPLICATIONS

Insurance/Billing Issues

Screening programs reported that patients were receiving bills sometimes for thousands of US\$ when insurance plans denied the service, either due to billing error or due to misunderstood deductible requirements. Even when an error was caught and claims were resubmitted, it becomes a nuisance for patients and they are less likely to be adherent to screening guidelines to avoid repeat hassle. It is critical that screening programs establish clear communications and processes to ensure prior authorization to avoid issues.

Internal Workflow

Programs still struggle with screening requirements such as data submission to a required national registry. As EMRs and tracking software improved, this barrier should hopefully be minimized.

PRACTICE IMPLICATIONS, CONT.

Lack of Patient Awareness/Provider Support

When patient awareness is low, health education messages may not be flowing from providers. Feedback implying that primary care providers remain skeptical and unsupportive about screening's benefit may also have an effect on patient awareness, as many patients learn about screening through their PCP. For a program to be successful, patient and provider education must be solidly incorporated into the care and communications models. It is also critical to communicate with PCPs to ensure that they are adequately supported in their role.

CONCLUSION

Despite widespread insurance coverage in the eligible screening population in the US, screening programs are still facing barriers to increasing screening service usage. It is clear that communities and professionals supportive of screening need to focus attention on increased patient and provider education around lung cancer screening. However, insurance and billing issues remain a major challenge, even though coverage is theoretically in place. As new programs launch and established programs evolve to meet CMS requirements and changing insurance pressures, structural barriers will need to be addressed to ensure an increase in high risk individuals benefiting from this service.

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