THE PRIMARY CARE PROVIDER ROLE IN THE US LUNG CANCER SCREENING CONTEXT: CURRENT PRACTICES AND STRATEGIES FOR PHYSICIAN ENGAGEMENT

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BACKGROUND

As lung cancer screening for a defined high risk population has become more mainstream in the US, increasing attention has been paid to appropriate referral and follow up to minimize harms. This has been particularly focused on community-based programs as concerns have been voiced about the dearth of RCT evidence to support screening implementation in that setting. In addition, with the release of the US Preventive Services Task Force (USPSTF) and Centers for Medicare/Medicaid Services (CMS) recommendations for screening, more of the decision-making has been shifted to the primary care community. Primary care providers (PCPs) are expected to increase awareness of screening with their high-risk patients, perform counseling and shared decision-making (SDM) and manage screening outcomes more than ever before. However, PCPs in many areas of the US are still skeptical of screening's benefit and may not have adequate information to know how to manage follow up. One effort to overcome this is to involve PCPs in screening program committees and multi-disciplinary care teams.

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.

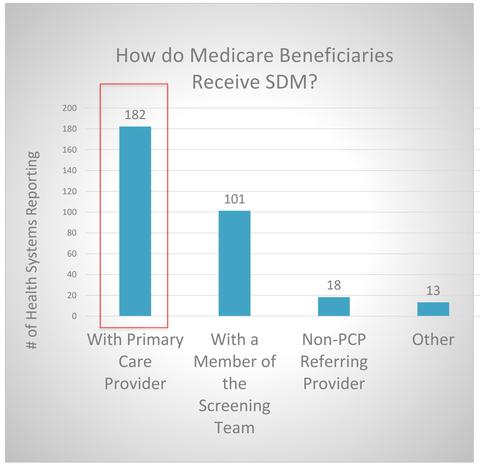
In 2017, we launched voluntary data tracking to learn more about implementation practices and continued challenges.

METHODS

In a sample of mostly hospital-based lung cancer screening programs, program managers completed an application update as required for their continued participation in the national network. The applications were completed between March-June 2017 and covered areas of requirement for the designation, including: current eligibility criteria, screening protocols, smoking cessation resources, multidisciplinary team make-up, SDM, and results reporting. 222 health systems responded, which represents 473 individual health care facilities out of 549 facilities that received the application (an 86% response rate).

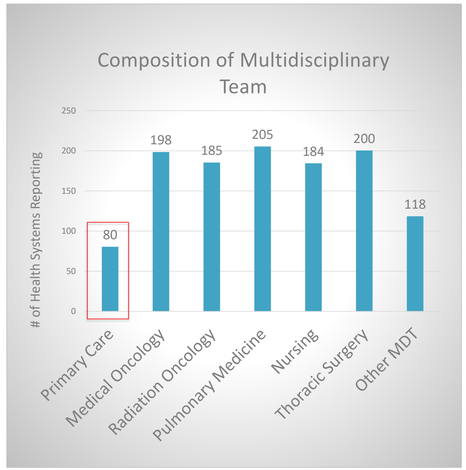
Specific questions regarding PCP involvement in screening covered two different areas that may have implications for each other.

RESULTS



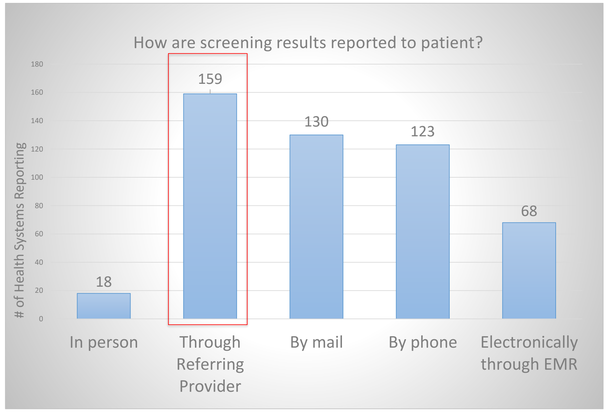
PCP Role in Shared Decision-Making
Shared Decision-Making (SDM) is a requirement set for Medicare beneficiaries in the US. Unfortunately, there have been confusing messages about who should provide SDM. As a result of this confusion, many programs reported that screening patients received SDM in more than one place, often to create a safety net, ensuring that all patients go through it at least once.

RESULTS CONTINUED



PCP Role in Multidisciplinary Team
Having referral pathways to a multidisciplinary lung cancer treatment team is a requirement to become a Screening Center of Excellence. While involving a PCP in the team is not as common as other clinical staff, some programs have opted to include this community as a way to establish trust and buy-in from PCPs.

PCP Role in Managing Results Communication
When it came to reporting results back to the patient, close to 25% of facilities did not indicate reporting through the referring provider (frequently a PCP). If referring providers are left out of the reporting process, they may feel that they are losing control of their patient and may be hesitant to refer future patients.



PRACTICE IMPLICATIONS

- Improving communication with and support for PCPs during Shared Decision-Making process can lead to less program redundancy and improved provider satisfaction.
- Involving a PCP in a lung cancer multidisciplinary will help further maintain trust.
- Ensuring PCPs are promptly informed about a patient's results can build trust but may also contribute to higher screening adherence as another opportunity to educate the referring provider about the importance of continued screening.

CONCLUSION

Data collected from lung cancer screening program self-reporting indicates interesting trends in how primary care is incorporated into the lung cancer screening process prior to the referral through shared decision-making and during the review of screening results through the multidisciplinary care team. With patient awareness of lung cancer screening still reported to be low and PCP awareness and buy-in for lung cancer screening still considered to be inconsistent, supporting the integration of primary care into the workflow may help increase uptake of screening in a high risk population.

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