A Systems-based Approach to Lung Cancer Screening: the Roswell Park Experience

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Disclosures

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Interception of Lung Cancer Study
Objectives

• Introduce Roswell Park and Lung Cancer Screening
• Discuss the Process of Changing Institutional Barriers
Roswell Park Comprehensive Cancer Center

- First Cancer Center in the US
- Only NCI Designated Comprehensive Cancer Center in Upstate New York
- Located in the 4th Poorest City in the US for its size
- Surrounded by Smaller Cities and Rural Counties with High Smoking Rates
State of Roswell Lung Cancer Screening Program

- LDCT screening began in 1998
- NCCN Institution
- Expanded outreach to Primary Care Providers
- Blogs and Articles in Patient Newsletters
- Websites with Links to Appointments
- Self-Referrals to Lung Cancer Screening
- High-Risk Clinic with Providers
- NYS Action Team for State-wide Strategies
- EDDY Mobile Unit
The Process of Lung Cancer Screening:
Understanding the Barriers
Pathway for Lung Cancer Screening

- Patients
  - Referral sources
- LDCTs
  - Radiology
- Results
  - Navigation
- Communicate to PCP
- Report with Lung RADS
- Schedule to follow-up
- Communicate to Patients
- Results and next appointment
  - Pulmonology
    - Biopsy
    - Surveillance of nodules
  - Thoracic
    - Cancer surgery
  - LDCT/CT
    - Continued screening
- Order from PCP
- Navigation
Mobile LDCT Screening Unit

- Aim to reach underserved populations (urban and rural)
- Reach high-risk populations
- Provide navigation from PCP to Radiology to Roswell provider
The Workflow for FQHCs and Fire Fighters

**FQHC PATIENTS—patients identified as eligible through PCPs at our partnered FQHCs with embedded navigators outside of the MCT project who will refer to the navigators on EDDY (Josh and Jessica)**

*a subpopulation of this group will be HIV+ patients—they will be flagged on the internal CRM form*

**Patient identified through PCP at partnered FQHC**

- Navigators enter patient into internal CRM form
- Internal form routes to pt access to get MRN and initiate prior auth process
- Pt is scheduled once PA is obtained, pt access routes internal form back to navigators
- Navigators handle the remainder of CRM process

**Patient Identified through partnership with Buffalo FD**

- Navigators enter patient into internal CRM form
- Internal form routes to pt access to get MRN and initiate prior auth
- Pt is scheduled once PA is obtained, pt access routes internal form back to navigators
- Navigators handle the remainder of CRM process

**FIREFIGHTERS—patients screened through BFD at no charge — many will NOT be eligible for screening by normal guidelines (50+, 20 PY, smoked in past 15 yr.), will not be entered into the LCS Questionnaire — they will be entered into the internal CRM form and flagged**
Address Barriers to Lung Cancer Screening

• Understand the population in your catchment area
• Identify where the changes need to be made
• Build a business model to demonstrate revenue and numbers of interventions and cancers that will be identified
• Engage operational people from across your organization
• Make sure that you can handle increased numbers
• Build in data collection and evaluation so you know if you are making progress
Thank you