



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

*Mary Reid, PhD Roswell Park Comprehensive Cancer Center, Buffalo NY*

# Disclosures

**Scientific Advisor for Johnson and Johnson  
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 4<sup>th</sup> Poorest City in the US for its size
- Surrounded by Smaller Cities and Rural Counties with High Smoking Rates



# Roswell Park Catchment Area



## WESTERN NEW YORK CATCHMENT AREA

-  URBAN/SUBURBAN
-  APPALACHIAN
-  RURAL
-  NATIVE AMERICAN TERRITORY
-  **ROSWELL PARK**  
COMPREHENSIVE CANCER CENTER
-  **ROSWELL PARK**  
PRACTICES, SATELLITES, AND AFFILIATES

# 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







# 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

**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

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

# 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

