## A Multilevel and Community-Engaged Intervention to Leverage Lung Cancer Screening in Kentucky:

#### The Kentucky LEADS Collaborative



Professor of Medical Oncology Scientific Director of Behavioral Oncology Co-Leader Cancer Prevention and Control Co-Director Population Health Shared Resource









#1 in Adolescent Smoking #1
in Lung Cancer

Figure 2. County-Level Mortality From Tracheal, Bronchus, and Lung Cancer

A Age-standardized mortality rate from tracheal, bronchus, and lung cancer, both sexes, 2014

96

113 to 232

Deaths per 100 000 population
10 to 26
43

#1
in Lung Cancer
Incidence



#1

in Adult

**Smoking** 



61

78

#### Lung Cancer Screening

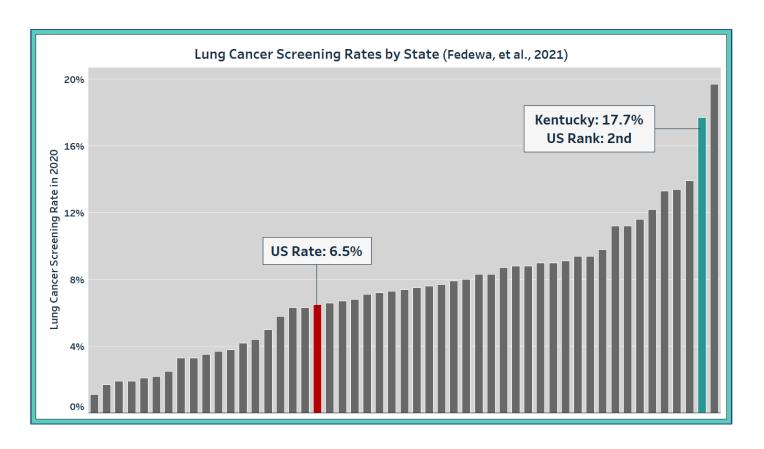
"Lung cancer screening is currently the greatest missed opportunity to reduce cancer mortality throughout the US—not just lung cancer mortality, but overall cancer mortality."

-- J. L. Studts (just now and every day)

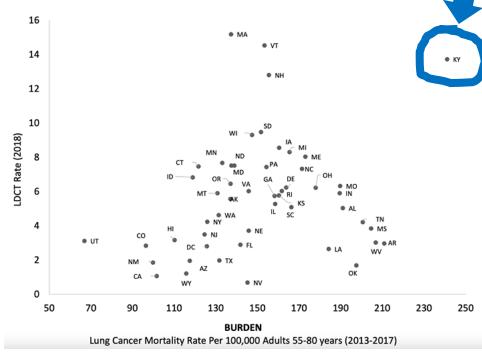




#### National Lung Cancer Screening Uptake Landscape



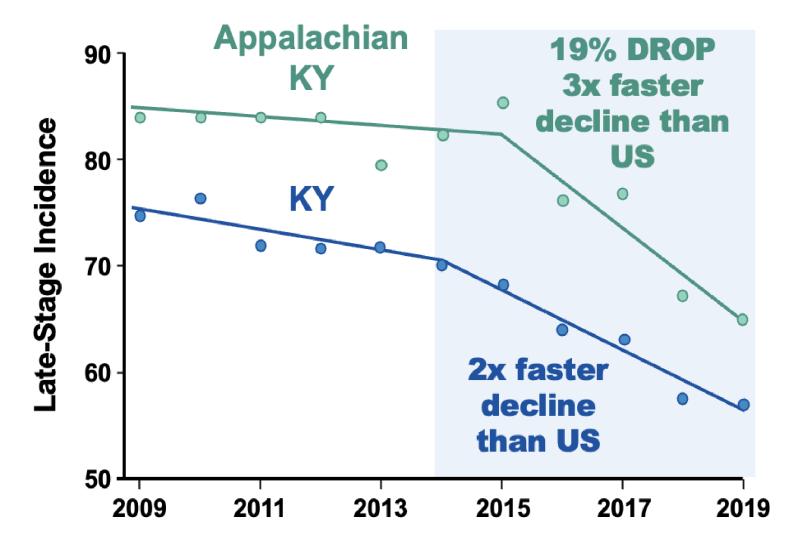
**Kentucky**—the only state with substantial lung cancer burden that is also leading statewide LCS implementation.







#### Reduction in Late-Stage Lung Cancer Incidence in KY









#### The "Great" Kentucky Lung Cancer Screening Road Show (2013-2014)

## Annual Meetings (District Cancer Councils)





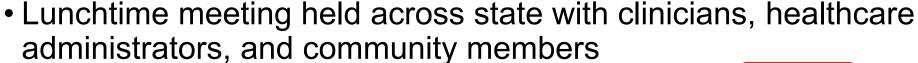
Bi-Directional Sharing of Cancer-Related Concerns, Perspectives, and DATA!





#### The Kentucky Lung Cancer Screening Road Show

- Following NLST publication and USPSTF draft guidelines...
- Begin discussion using Kentucky District Cancer Councils



- Panel Format (60 90 minutes)
  - 1)Regional Cancer Control Specialist (Moderator)
  - 2) Local Primary Care Clinician
  - 3) Local Lung Cancer Screening Program Leader
  - 4)Lung Cancer Screening Expert
  - 5)State Cancer Prevention and Control Leader





(Starting the Discussion → Raising Awareness → Building Engagement)





## The Kentucky Lung Cancer Screening Road Show (2013-2014)



- Directly reached hundreds of clinicians and engaged community members throughout the state
- Indirectly reached thousands of clinicians and community members through media coverage (e.g., tv, radio, newspaper)
- Conclusions/Accomplishments:
  - 1) Tremendous engagement/attendance throughout the state
  - 2) Significant interest in screening among clinicians and community
  - 3) Pockets of apprehension, concerns, skepticism, and frank stigma
  - 4) Recognition that extensive additional efforts would be needed





# The Story of the Kentucky LEADS Collaborative

Jamie L. Studts, PhD Timothy Wm. Mullett, MD, MBA Jennifer Knight, DrPH





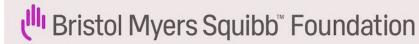


COLLABORATIVE™

#### **LUNG CANCER**

EDUCATION · AWARENESS DETECTION · SURVIVORSHIP







#### Component 1: Provider Education Efforts

#### Four Educational Offerings:

- 1) Academic Detailing (January, 2016)
- 2) Large Group Presentations (February, 2016)
- 3) Online Training Course (April, 2016)
- 4) Webinars (March, 2017)



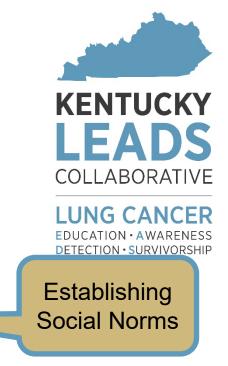






#### REACH: Primary Care Clinicians and Staff

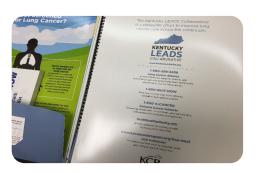
Intervention		PCPs Engaged	Non-PCPs Engaged
Academic Detailing		985	922
Large Group Presentations		254	285
Online Courses	Educational	79	34
Webinar	Efforts	85	32
TOTAL		1,403	1,273







Provider Type	Total Educated
MD/DO	631
NP	511
PA	101





#### Component 3: Prevention and Early Detection (PD)

What does the study plan to do?

- Integrate recommendations from evidencebased guidelines to promote high quality lung cancer screening in Kentucky
- Apply specific implementation strategies (i.e., resources, training, feedback) to facilitate adoption and implementation of high-quality lung cancer screening programs in diverse healthcare settings
- Evaluate outcomes of lung cancer screening using implementation science









#### **QUILS™** System

- •QUILS™ Index
- •QUILS™ Audit and Feedback Process
- •QUILS™ Resource Portal
- •QUILS™ Team Coaching and Technical Assistance



Assess Quality (QUILS<sup>TM</sup> Index)

Feedback System (QUILS<sup>TM</sup> Audit and Feedback)

Resource Portal

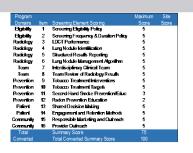
(QUILS<sup>TM</sup>
Resource Portal)

Active Support

(QUILS<sup>TM</sup> Team
Coaching Technical
Assistance)

Program Data Reporting

Program Policies and Practices
Interviews











#### **QUILS Index 1.0 Domains, and Elements**



#### Technical/Clinical

#### Screening Eligibility

Algorithm

Frequency Duration

#### Radiology Operations

Exposure

LDCT Performance

> Results Reporting

Nodule Management

#### Team Operations

Clinical Team

Review of Results

#### Personal

#### Prevention Efforts

Tobacco Interventions

> Tobacco Targets

Secondhand Smoke

Radon Counseling

#### Patient Education

Shared Decision Making

Engagement and Retention

#### Community Outreach

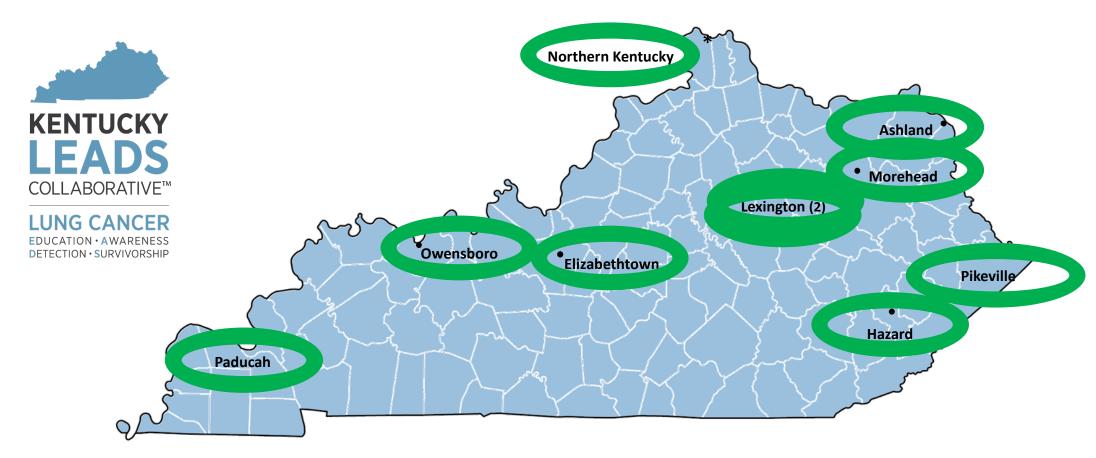
Marketing and Outreach

Clinician Outreach





### Prevention & Early Detection (PD) Implementation Sites

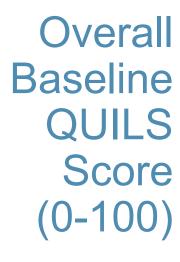


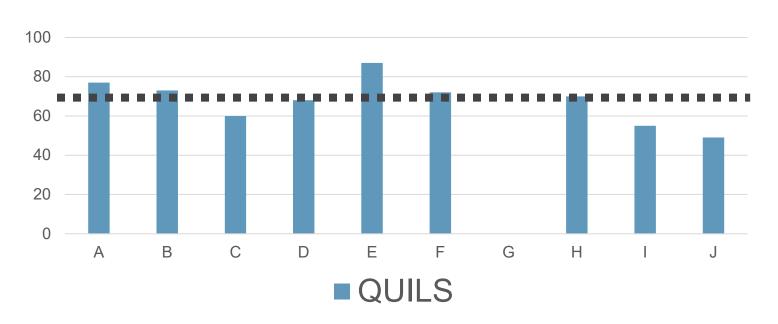
- 1. Baptist Health, Lexington
- 2. Baptist Health, Paducah
- 3. Hardin Memorial Hospital and Cancer Center, Elizabethtown
- . Hazard Appalachian Regional Healthcare, Hazard
- St. Elizabeth Healthcare, Northern Kentucky

- 6) King's Daughters Medical Center, Ashland
- 7) Markey Cancer Center, Lexington
- 8) Owensboro Health, Owensboro
- 9) St. Claire Regional Medical Center, Morehead
- 10) Pikeville Medical Center, Pikeville









Baseline Average 67.8%











#### Summary of QUILS<sup>TM</sup> Index Scoring Across Sites

Consistently High		
Eligibility	Screening Eligibility Policy	
Eligibility	Screening Frequency & Duration Policy	
Radiology	LDCT Performance	
Radiology	Lung Nodule Identification	
Radiology	Structured Results Reporting	
Radiology	Lung Nodule Management Algorithm	
Patient	Engagement and Retention Methods	
Community	Provider Outreach	

Consistently Low		
Prevention	Tobacco Treatment Interventions	
Prevention	Tobacco Treatment Targets	
Prevention	Second-Hand Smoke Prevention/Education	
Prevention	Radon Prevention Education	

Inconsistent		
Team	Interdisciplinary Clinical Team	
Team	Team Review of Radiology Results	
Patient	Shared Decision Making	
Community	Responsible Marketing and Outreach	





#### Summary and Conclusion

- Engaging with established partners, the Kentucky LEADS
   Collaborative developed, implemented, and evaluated a multilevel effort to reduce lung cancer in Kentucky.
- Community-engaged methods constituted the foundation and the loadbearing infrastructure for the Collaborative that has created the potential for a trajectory of significant change.
- Recognizing challenges/opportunities at every level of lung cancer screening implementation has stimulated a broad range of projects to translate results in Kentucky across the US (e.g., Mississippi and Nevada).









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A Breath of Hope

LUNG FOUNDATION

Maine Medical Center

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Kentucky







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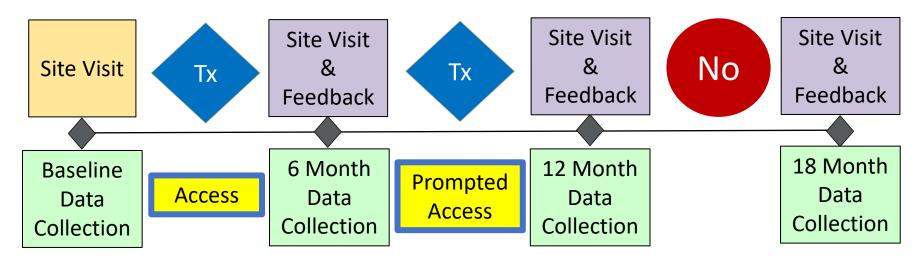
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# Kentucky LEADS Collaborative Prevention & Early Detection Study Schema





#### **Data Sources for Evaluation**

- 1) Team Member Interviews (Structured and Semi-Structured)
- 2) Program Surveys (Standardized IS Instruments)
- 3) Program Database Extraction (Enhanced Common Database)



