

Concurrent Conversation #2: Primary Care Providers and Patient Referrals to Lung Cancer Screening: What's Working to Ensure That Patients Who Need Screening Get Screened?

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Top 3 practical actions to encourage primary care providers to make appropriate referrals of patients to lung cancer screening:

- Coordinating with State Quit Lines and National Quit Lines
- Champions aligned with the community
 - o American Medical Association endorsement for screening
- Commission on Cancer Guidelines- remove shared-decision making from guidelines

Describe the current level of appropriate patient referrals to lung-cancer screening among primary care providers in your community.

- Not happening yet; not many people are referring

What opportunities and challenges are there in your community for encouraging primary care providers to make appropriate lung cancer screening referrals?

Opportunities

- Community outreach and engagement
- Improve risk talk
- Coordinate with state-run Quit Line
- Physical Champions
- Opportunity for medical staff and front desk to be educated on screening guidelines
- Opportunity to reframe lung cancer screening in a positive way—empower people to take charge of their health
- National marketing campaign
 - o Include lung cancer screening and education in employee wellness
- Opportunity to work together with others (cardiovascular and pulmonary specialists, etc.)
- Educational program for primary care physicians
- Have trusted voices in the community advocate for lung cancer screening
 - o Former smokers to be advocates
- Align with states to help align budgets→ have consistency

Challenges

- Time- not enough time for shared-decision making, ordering screening, increasing number of office visits for patients
- Smokers may not go to the doctors regularly enough to get a referral
- Smokers going to the doctor with symptoms, less chance for early detection
- Risk calculators not advanced enough
- Lack of buzz around getting screened—need more trusted voices advocating for lung cancer screening
- Stigma around smoking
- Lack of funding for screening opportunities
- Lack of state funding
- Shared-decision making is conflicting
 - o The idea of a conversation between the doctor and the patient for a shared decision on screening is considered a challenge; rather than just having a standard guideline or a doctor's recommendation.
- "What if I do have it"? → motivation to combat lung cancer
- Treatment costs
- Electronic Health Record needs to progress

Describe the policies, practices or systems that are working to encourage primary care providers to make appropriate referrals for those in need of lung cancer screening.

- Crop Tobacco: encourage farmers to change to a different crop with policy
- Tobacco 21: Tobacco 21 is a national campaign aimed at raising the minimum legal age for tobacco and nicotine sales in the United States to 21
- Shared-Decision Making
 - o Also seen as a barrier

What practical actions can be taken to ensure that primary care providers refer patients who need screening get screened?

- Champions aligned with the community
 - o American Medical Association endorsement for screening
- Provider association feedback: get information on screening rates, etc.
- Marketing campaign
- Lung cancer screening navigators
- Coordinating with State Quit Lines and National Quit Lines
- Building pack-year into Electronic Health Records
- Commission on Cancer Guidelines- remove shared-decision making from guidelines