



**QUANTITATIVE IMAGING
WORKSHOP XIX:**

**Utilizing Quantitative Thoracic Imaging
to Optimize Population Health**

November 3-4, 2022 | Virtual

CLINICAL BREAKOUT SESSION

**Getting Serious About the Public Health Impact
of Thoracic CT Imaging**

1. How do we advance the message that lung cancer screening is an internationally validated life-saving service that should be urgently embraced by the public and medical community?

- Need of a consistent message on benefits and harms
- Plan for workforce ramp-up to scale screening services to meet national need (conversation with PCORI, professional societies) to mitigate PCP burnout, etc
- Understand what is valued by screen-eligible individuals
 - Avoiding lung cancer, promoting health, avoiding COPD or heart disease, other
- Corrosive effect of barriers of screening access to referring clinicians
- Tackle PCP's workflow issues and role of nurse navigators
 - Increase compliance to screening –how we communicate findings with patients (Mary Pasquinelli's experience)
 - Funds flows to sustain quality screening infrastructure: pre-authorizations, (sludge) reimbursement for SDM, comprehensive review of imaging results to frame personalized health coaching (need for new specialized credentialing of APNs) .

2. How do we communicate the importance of AI and related tools and data donation to enhance the speed in developing innovations that can rapidly move forward to address major chronic diseases and ensure the tool functions equally well for all the diverse individuals who could benefit from screening?

- Use of AI to facilitate navigation, to facilitate valuation of professional contributions of healthcare professionals contributions to sustain multi-dimensional screening team participation
- Workflow implications – structured reporting, fully/partially automatic type of decision support
 - Role of professional societies in building care paths to ensure cross disciplinary engagement and team work
- Need software (cloud) solution to incorporate AI data with interacts with EMR in hospital system vs other ambulatory arrangements
- Challenge: Software components for nodule detection and reporting are all kind of there but need to be put together (requires funding & personnel- interoperability strategy so various software tools can play together in the “screening sandbox” to support the full chain of screening services needs)-. Approach PCORI?
- Cost to patients, cost to healthcare system
- Different approach to population health: demedicalization, overcoming attrition by 10,000 administrative papercuts
 - Need early adopters to swing demand, need to find owner of screening to avoid orphan status between Payor vs provider
- Working with the leadership at the Advanced Practice Nurses professional society to potentially address these work gaps

3. Is it time to think about lung cancer screening in a broader public health context starting with impact on other major tobacco-related diseases?

- Make the case for lung cancer first vs. presenting multiple tobacco-related diseases together
- Mixed feeling. Same group that pushes back against lung cancer screening are also against heart/CAC, or emphysema screenings. Agree that all of them need to be pursued but need to make the case for lung cancer first, then screening for all the other diseases will follow much easier.
- Grouping of these tobacco-related diseases makes the encounter far less intimidating. Looking at all these different aspects of lung health, potentially takes away the stigma.
 - Lung health report
 - Make videos with compelling interactions in terms of positives that come out of it. PCPs partner with ALA on this communication?
 - Patient education: How to talk to doctor about their report with results of multiple findings and actions to take.
 - Clinician education: How to talk to a screening subject to communicate scan results in personalized ways that are comfortable to people while empowering screening participant about opportunities to improve their health and sustain wellness (Pasquinelli model)

4. If the thoracic CT in a population of tobacco exposed individuals is such a multi-detection imaging tool, what is the strategy to ensure economic incentives are in place to advance this important public health tools to emerge as rapidly as possible?

- Lung health consortium- get evidence that we need and also to show the various programs are effective.
 - NELSON Big 3 demonstration project – if the project reports positive results, interesting to see how that affect this equilibrium.
 - Established centers of excellence of screening have solved navigation problem but vast majority of new and emerging places have not. Enormous expense, hard to allocate. Need nurse navigator(currently not reimbursable) to have a successful screening program.\ul> - Can ALA web resource for Screening infrastructure be updated to advance best practice model sharing?
- AI and nurse navigator : Rules-based clinical decision support and importance of informed reimbursement process
Access to radiologist report -> interpreted into scales -> synthesize all the inputs necessary to make recommendation ->
navigator can become reimbursable.
- ACTION ITEM: follow-up call with whoever interested (Lee Gazourian, Richard Frank, Albert Rizzo..), walk through and develop a game plan that would make nurse navigator reimbursable.
- Could be state health level, regional level, hospital system level or population health level model. Need to have a pathway in which evidence can be provided along the way to get this formally recognizes the importance mediator successful screening.