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Company

Oncology Roundtable

2015 Lung Cancer Screening Quick Poll

The 2015 Lung Cancer Screening Quick Poll was an online survey distributed to Oncology Roundtable members via email on March 13, 2015. A total of 148 people submitted responses over the subsequent two weeks. This report provides summary and analysis of the responses.

Oncology Roundtable

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Number of Lung Cancer Screening Programs Continues to Grow

Majority of Programs Began in 2013-2014

Does your cancer program provide lung CT screening?

Percentage of respondents answering "Yes", 2012-2015
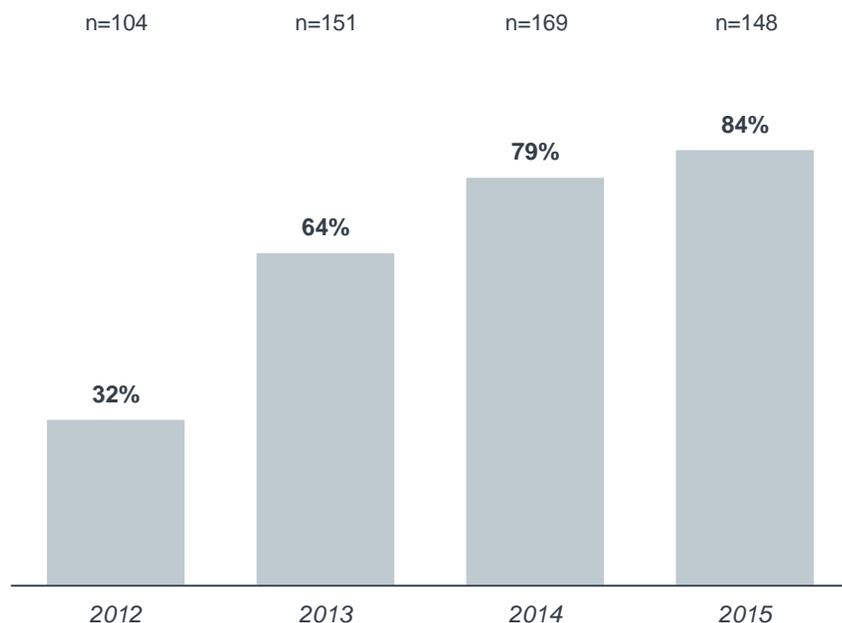
n=104	n=151	n=169	n=148

32%	64%	79%	84%
2012	2013	2014	2015

When did your cancer program begin offering lung CT screening?

Percentage of respondents with screening programs, by time interval[1]

n=123

Before 2012	24%
2012, First Half	7%
2012, Second Half	11%
2013, First Half	9%
2013, Second Half	18%
2014, First Half	17%
2014, Second Half	10%
2015, First Half	5%
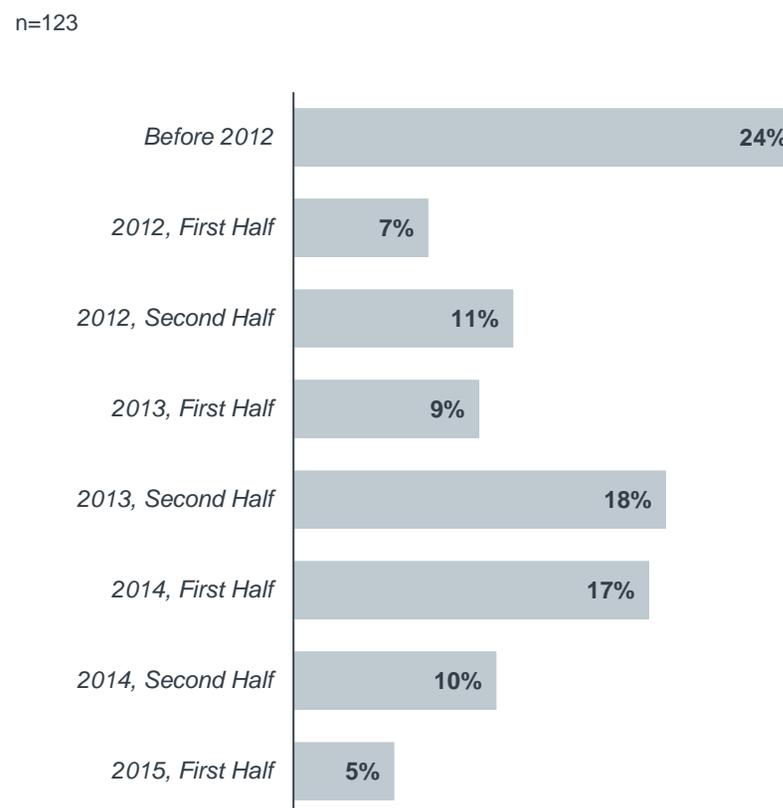
1) Percentages may not add up to 100% due to rounding.

Source: 2012, 2013, 2014, and 2015 Oncology Roundtable Lung Cancer Screening Quick Polls.

Many Screening Programs Planned for 2015

Adoption Driven By Opportunity for Earlier Diagnosis, Physician Demand, and Insurance Coverage

Are you considering starting a lung CT screening program during 2015?

Percentage of respondents without a screening program[1]

n=24

No
17%

83%

Yes

Is lung cancer screening right for your organization?

Step 1 in the Lung Cancer Screening Program Toolkit, **Evaluate your organization's lung screening opportunity**, provides additional resources and guidance to help you understand what makes for a comprehensive program (and your institution's ability to provide it), enlist stakeholders in program planning, efficiently solicit input, and assign accountability for next steps.

Why are you considering starting a lung CT program in 2015?

Percentage of respondents considering starting a screening program in 2015[2]

n=20

To promote earlier diagnosis of lung cancer	100%
Cancer program's physicians want service	80%
Screening is now eligible for reimbursement	80%
CT screening is an essential component of a lung center of excellence	60%
To drive volumes for the cancer program	50%
Primary care providers want service	40%
Competitor offers service	35%
Other	5%

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1) Percentages may not add up to 100% due to rounding.
2) Percentages do not add up to 100% because respondents were allowed to check all that apply.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

Primary Care Physicians Drive Majority of Referrals

Respondents Report More Self-Referred Patients in 2015

What is your primary referral source?

Percentage of respondents, 2014[1]

n=106
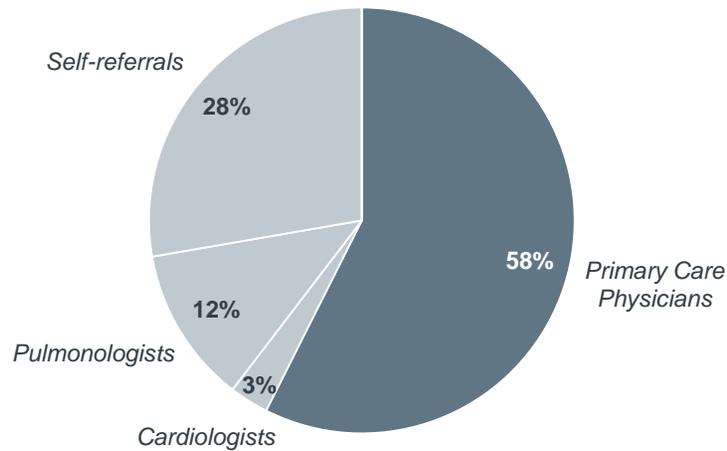
Percentage of respondents, 2015[1]

n=122

2014 pie chart:
- Self-referrals **28%**
- Pulmonologists **12%**
- Cardiologists **3%**
- Primary Care Physicians **58%**

2015 pie chart:
- Other **4%**
- Self-referrals **31%**
- Pulmonologists **8%**
- Primary Care Physicians **57%**
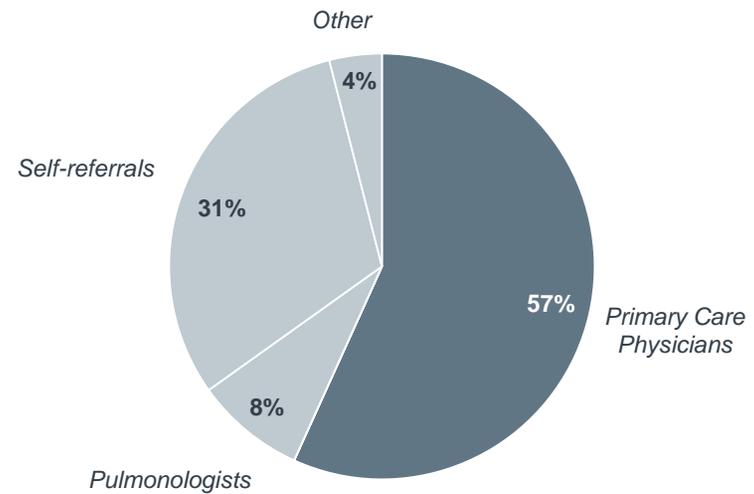
Looking for help growing your screening program volumes?

Step 3 in the Lung Cancer Screening Program Toolkit, **Grow your lung cancer screening program volumes**, provides tools to help you market your program by targeting referring physicians, differentiating your services to patients, and promoting your offerings to community organizations and employers.

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1) Percentages may not add up to 100% due to rounding.

Source: 2014 and 2015 Oncology Roundtable Lung Cancer Screening Quick Polls.

Screening Volumes on the Rise

Increasing Number of Patients Screened Per Program

Number of patients screened, 2013-2015

Median and mean number of patients screened

n=51   n=75   n=73

Projected mean, end of year 2015
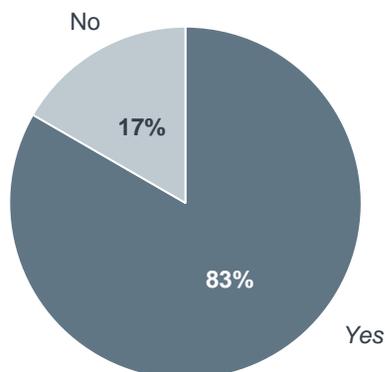
135

Projected median, end of year 2015

90

45

50   82   23

2013   2014   2015 YTD

■ Median   ◇ Mean
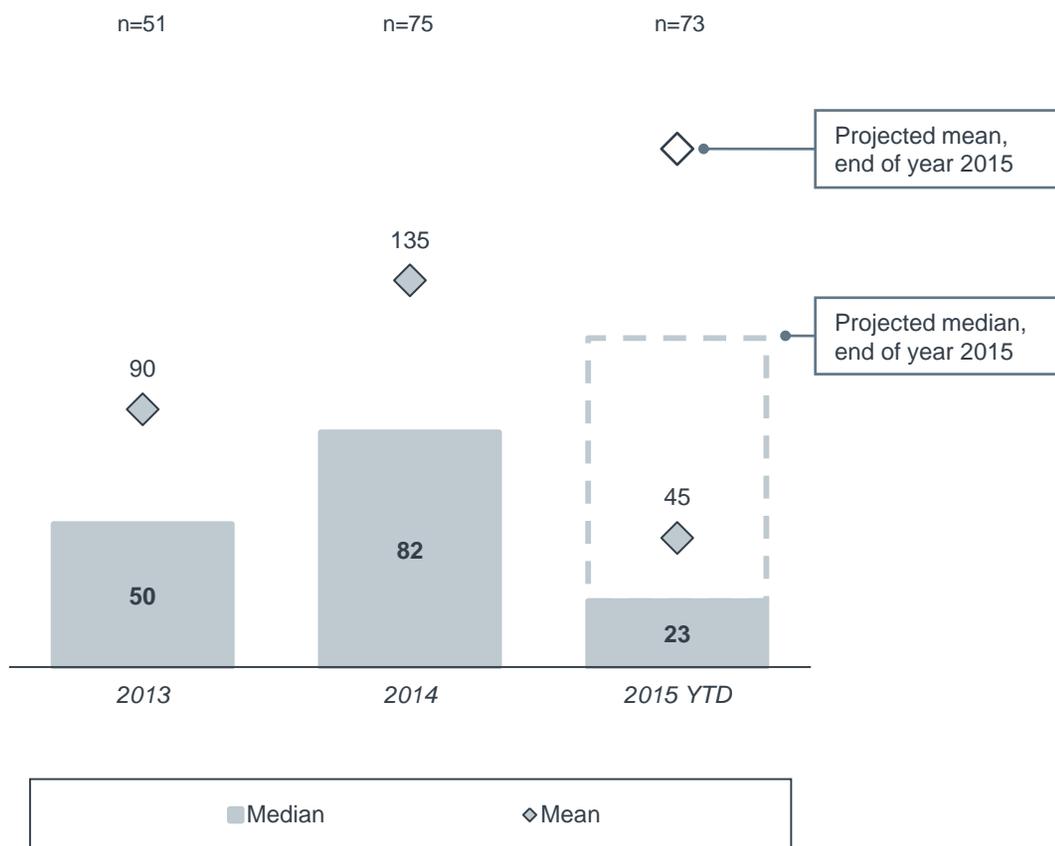
Screening volumes and retention of patients, 2013

	Number of patients screened	Percentage of screened patients who sought treatment at program[1]
n	51	33
Mean	90	0.7%
Median	50	1.3%

Screening volumes and retention of patients, 2014

	Number of patients screened	Percentage of screened patients who sought treatment at program[1]
n	75	56
Mean	135	1.4%
Median	82	1.8%

1) Values calculated only for programs with patient volumes at or above the 25th percentile for that year, and with number of treated patients at or below the 90th percentile for that year.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

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Most Lung Screening Programs Staffed with Partial FTE

Dedicated Navigator the Most Common Role

How many dedicated staff member FTEs are associated with your lung cancer screening program?

	n	Navigators	Program coordinators	Other
Median dedicated FTEs	118	1.0	0.5	0.2
Mean dedicated FTEs	118	0.7	0.6	0.9
Mean dedicated FTEs per 100 patients seen in 2014[1]	46	0.9	1.1	1.1

Percentage of programs with at least one dedicated staff member FTE, by staff type

n=118

| 44% | 31% | 19% |
| Navigators | Program coordinators | Other staff members |

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

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Diverse Experiences in Securing Private Reimbursement for Screening

Reimbursement Experience Less Difficult for Screening Trial Participants

How difficult has it been to secure reimbursement from private payers for screening since January 1, 2015?

Percentage of respondents[1]

n=53

		28%		
	19%		23%	
13%				17%

Not difficult at all — *Extremely difficult*
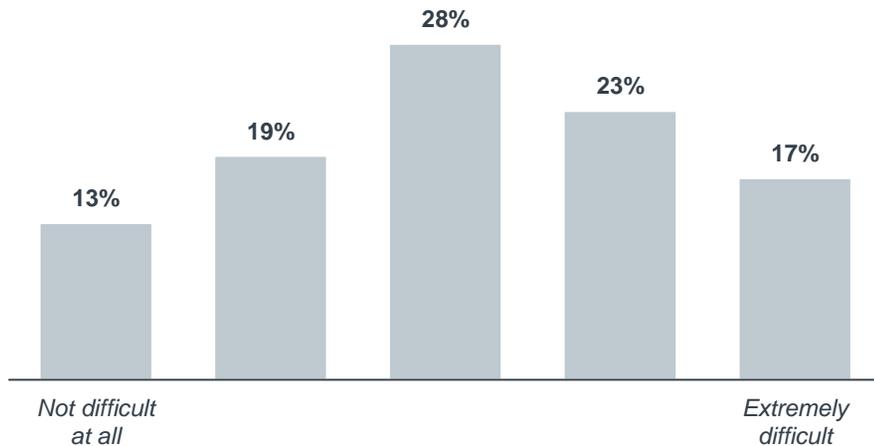
Comparison of reimbursement difficulty by screening trial participation status

Respondents whose organizations participated in screening trials generally perceive less difficulty securing reimbursement

Participated in Screening Trial(s) n=9	**Did Not Participate in Screening Trial(s)** n=39
2.7	**3.2**
Mean difficulty with reimbursement[2]	Mean difficulty with reimbursement[2]
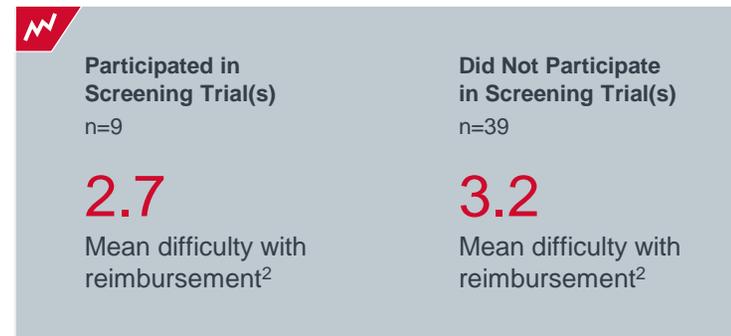
Seeking guidance on lung screening coverage?

Our blog post, **Your most commonly asked lung screening questions**, provides answers to recent questions about CMS coverage—including eligibility, reimbursement, approved registries, and shared decision making.

1) Percentages may not add up to 100% due to rounding.
2) Rating on a 5-point scale from "not difficult at all" (1) to "extremely difficult" (5).

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

Most Programs Tracking Screening Cases Manually

Few Programs Employing Tracking Software

How do you currently track screening cases within your organization?

Percentage of respondents[1]

n=98

Category	Percentage
Manually (e.g., spreadsheet)	67%
EHR	30%
Nursenav	3%
I-ELCAP database	2%
OmniCare	2%
PenLung	1%
LungView	1%
Other	8%
Unsure	8%
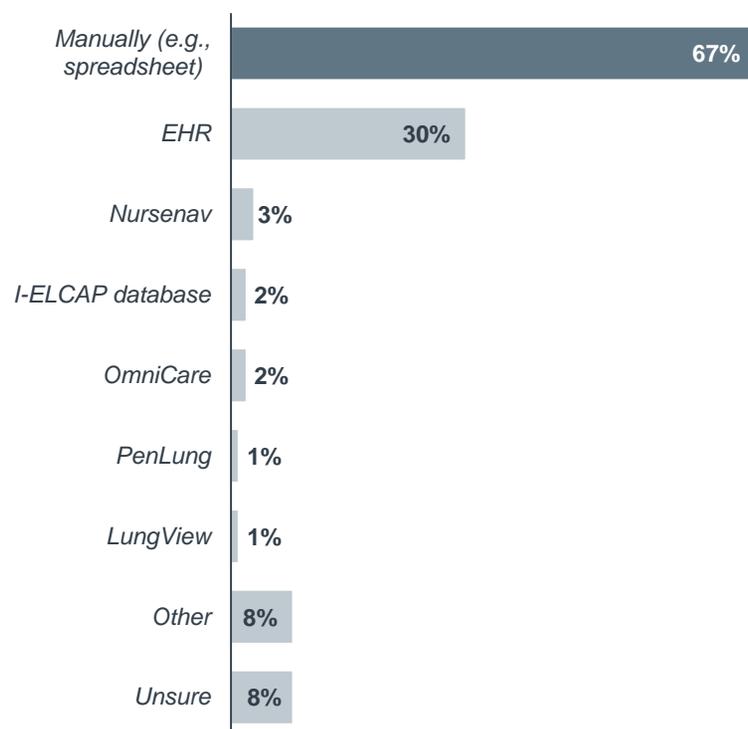
Other tracking methods reported by respondents

- ACCESS Database
- Open Software Solutions nurse navigator software
- Primordial
- Cancer registry software
- Internally developed software

Lung Cancer Screening Program Toolkit

Step 2 in the Lung Cancer Screening Program Toolkit, **Establish the right lung screening program infrastructure**, provides additional resources and guidance for managing follow-up communication and incidental findings post-screening.

1) Percentages do not add up to 100% because respondents were allowed to check all that apply.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

Demonstrating Value with Cancers Detected, Patients Screened

Downstream Revenues Also Common Metrics for Tracking Program Value

How are you tracking the value of your screening program?

Percentage of respondents[1]

n=98

Metric	%
Number of cancers detected	69%
Number of patients screened	67%
Downstream diagnostic revenues	47%
Downstream treatment revenues	42%
Treatment cost savings from stage shift	9%
Other	5%
Unsure	8%
We do not track any value metrics	8%
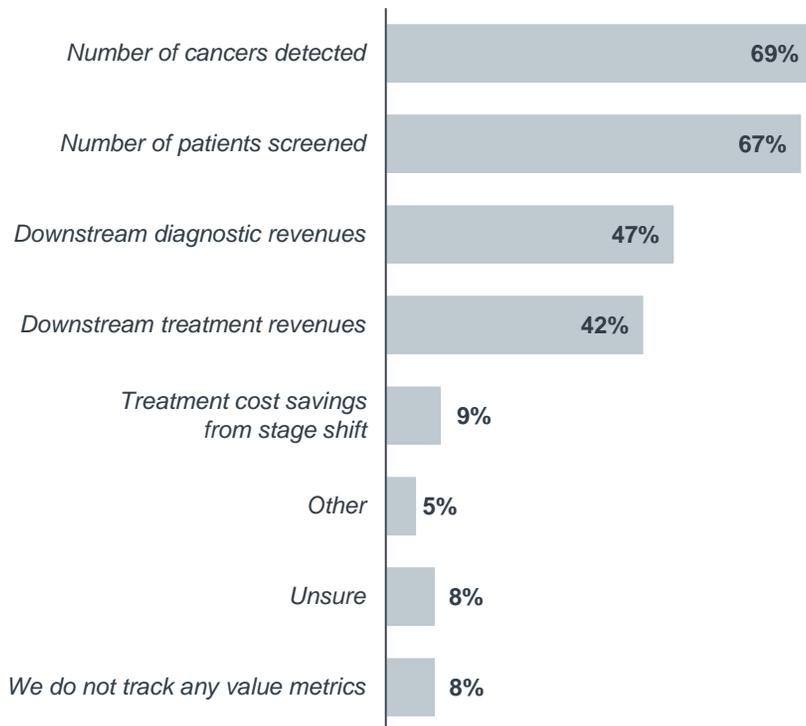
Other value tracking metrics reported by respondents

- False positives
- Follow-up scheduling
- Guideline adherence
- Smoking cessation
- Number of patients being monitored
- Number of patients who meet criteria
- Number of patients who accepted participation
- Number of patients who declined to participate
- Percent eligible referrals by employed primary care provider network
- Stages of lung cancers detected

Lung Cancer Screening Program Toolkit

Step 4 in the Lung Cancer Screening Program Toolkit, **Demonstrate the value of your lung cancer screening program**, provides additional resources and guidance for to help make the financial case for lung screening, including direct revenue, downstream revenue, and cost savings generated.

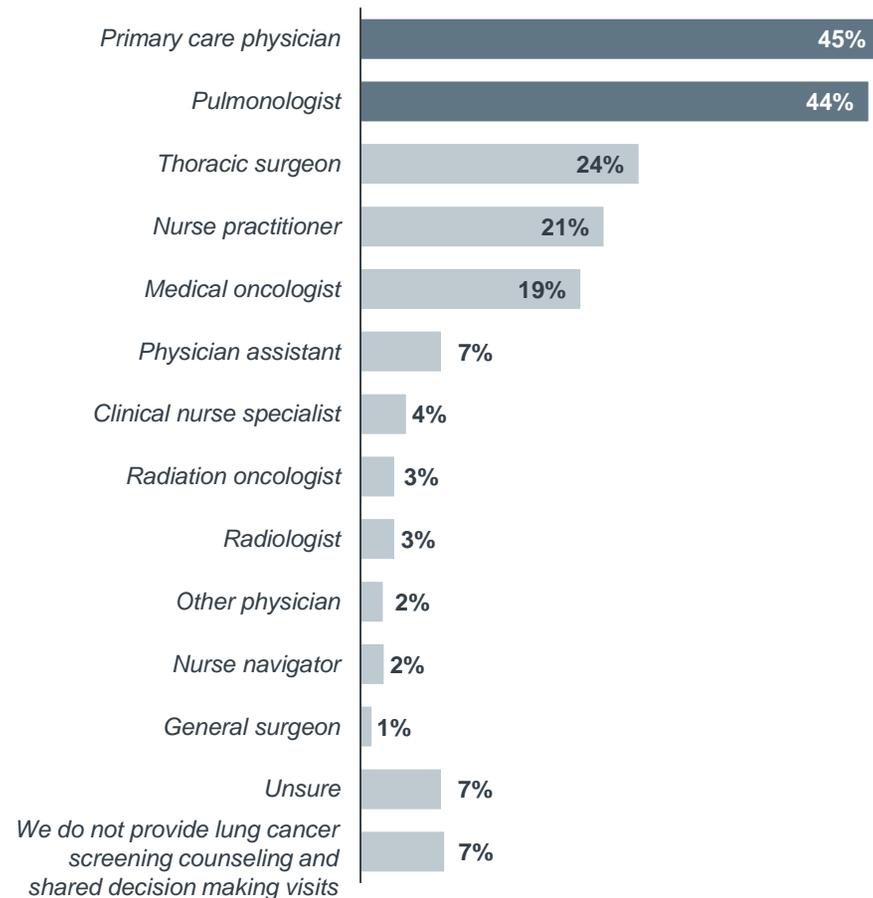1) Percentages do not add up to 100% because respondents were allowed to check all that apply.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

Primary Care Physicians, Pulmonologists Providing Most Decision Counseling

Brochures Are Most Popular Form of Decision Aid

Which clinician(s) provide(s) the lung cancer screening counseling and shared decision making visits[1] at your institution?
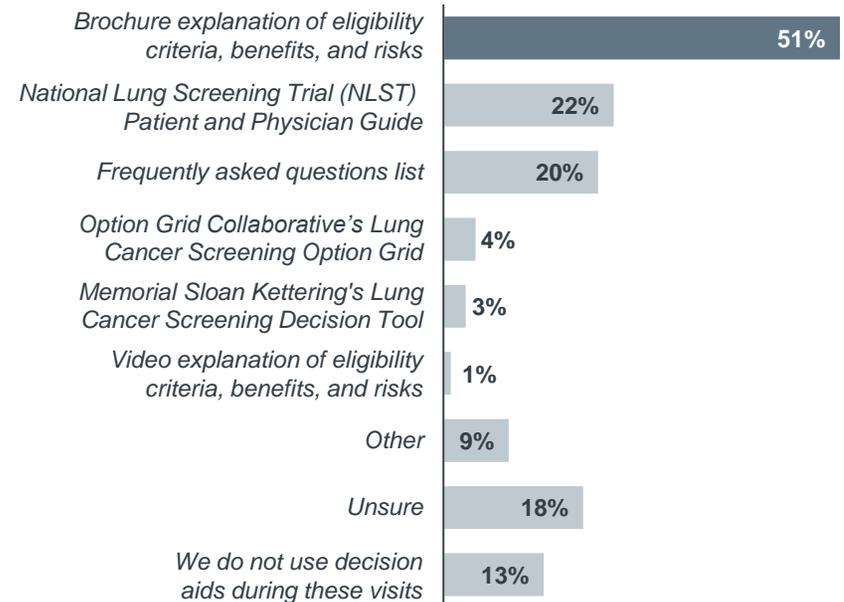
Percentage of respondents[2]

n=95

Clinician	%
Primary care physician	45%
Pulmonologist	44%
Thoracic surgeon	24%
Nurse practitioner	21%
Medical oncologist	19%
Physician assistant	7%
Clinical nurse specialist	4%
Radiation oncologist	3%
Radiologist	3%
Other physician	2%
Nurse navigator	2%
General surgeon	1%
Unsure	7%
We do not provide lung cancer screening counseling and shared decision making visits	7%

Which decision aids do clinicians use with patients during lung cancer screening counseling and shared decision making visits?

Percentage of respondents[2]

n=93

Decision aid	%
Brochure explanation of eligibility criteria, benefits, and risks	51%
National Lung Screening Trial (NLST) Patient and Physician Guide	22%
Frequently asked questions list	20%
Option Grid Collaborative's Lung Cancer Screening Option Grid	4%
Memorial Sloan Kettering's Lung Cancer Screening Decision Tool	3%
Video explanation of eligibility criteria, benefits, and risks	1%
Other	9%
Unsure	18%
We do not use decision aids during these visits	13%

Other decision aids reported by respondents

NCCN guidelines, Division of Public Health materials, Internally developed software
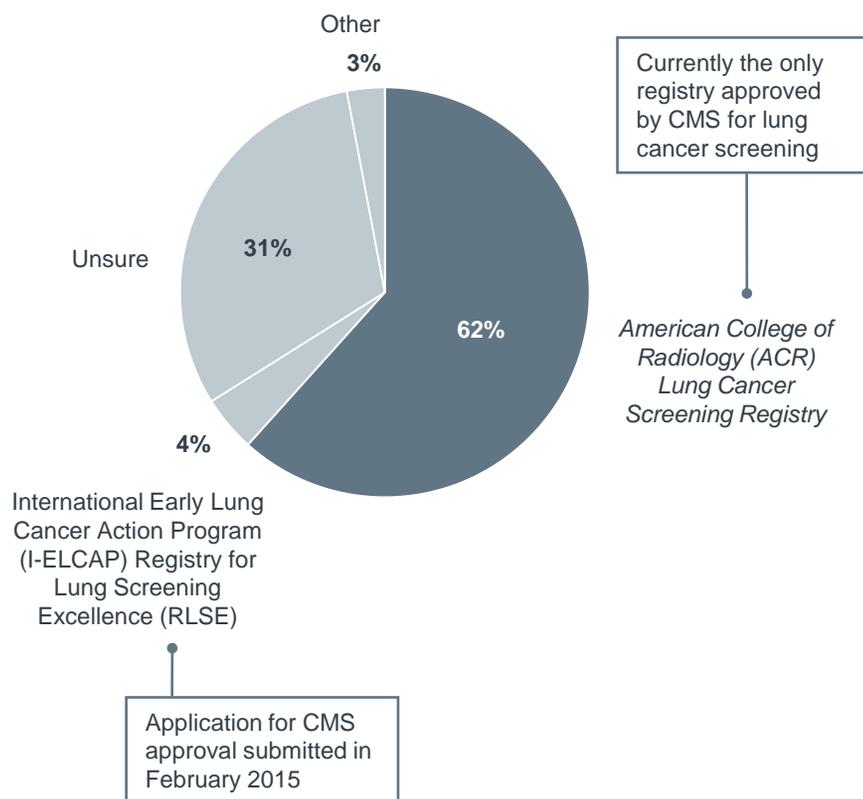
1) CMS requires screening counseling and shared decision making furnished by a or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist physician), as defined in §1861(r)(1) and §1861(aa)(5) of the Social Security Act.
2) Percentages do not add up to 100% because respondents were allowed to check all that apply.

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Widespread Uncertainty About Registry Reporting to CMS

Which registry do you anticipate using to meet the CMS reporting requirement?
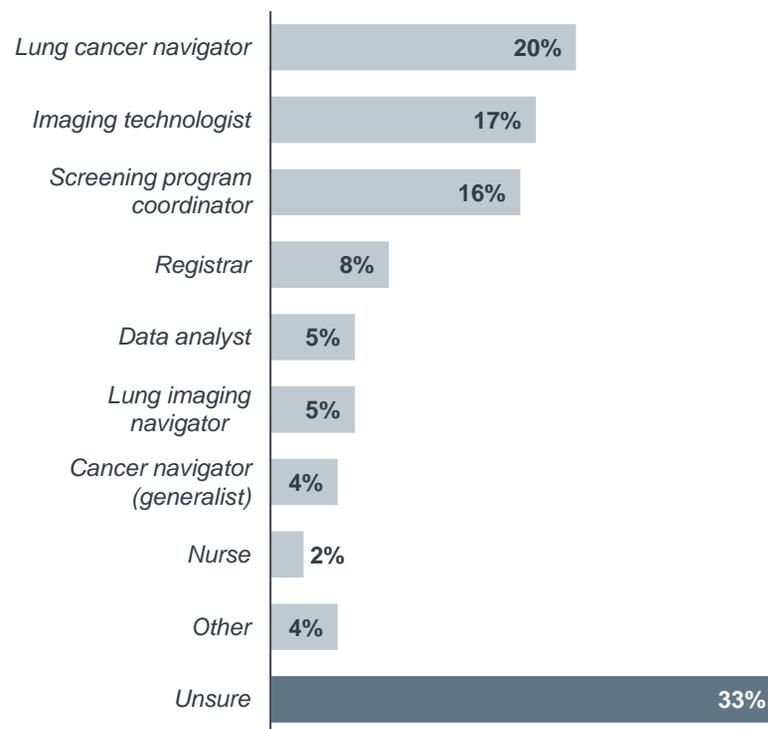
Percentage of respondents[1]

n=90

Other
3%

Unsure

31%

62%

4%

International Early Lung Cancer Action Program (I-ELCAP) Registry for Lung Screening Excellence (RLSE)

Currently the only registry approved by CMS for lung cancer screening

American College of Radiology (ACR) Lung Cancer Screening Registry

Application for CMS approval submitted in February 2015

Who is responsible for completing lung cancer screening registry reporting requirements?

Percentage of respondents[2]

n=92

Lung cancer navigator	20%
Imaging technologist	17%
Screening program coordinator	16%
Registrar	8%
Data analyst	5%
Lung imaging navigator	5%
Cancer navigator (generalist)	4%
Nurse	2%
Other	4%
Unsure	33%

1) Percentages may not add up to 100% due to rounding.
2) Percentages do not add up to 100% because respondents were allowed to check all that apply.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

# Most Programs Have or Planning to Seek Screening Program Designations

Few Programs Planning to Seek Imaging Center Accreditations If Not Already Accredited

What is your organization's status for each of the following lung cancer screening program designations?
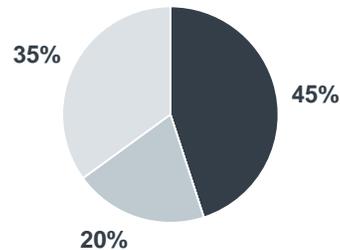
Percentage of respondents[1]

American College of Radiology (ACR) Lung Cancer Screening Center

n=82

- 14%
- 32%
- 41%
- 14%
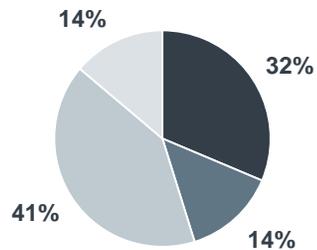
Lung Cancer Alliance (LCA) Screening Center of Excellence

n=70

- 35%
- 45%
- 20%

Legend:
- ■ Have this designation/accreditation
- ■ Currently seeking this designation/accreditation
- ■ Planning to seek this designation/accreditation
- □ Do not have this designation/accreditation, and have no plans to seek it

Need help achieving screening program designations?

The **Lung Screening Center of Excellence Designation Crosswalk** allows you to instantly access best practices and tools to aid in achieving designation as either a Lung Cancer Alliance Center of Excellence or an ACR Designated Lung Cancer Screening Center.

Does your organization have the following advanced diagnostic imaging center accreditations?

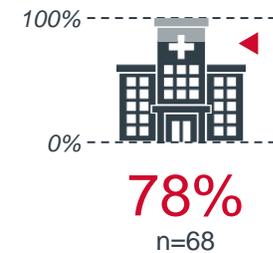*Percentage of respondents indicating that they have an accreditation*

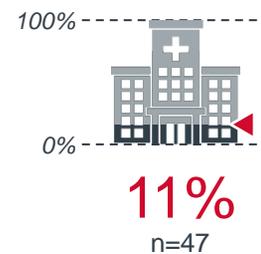**American College of Radiology (ACR)**
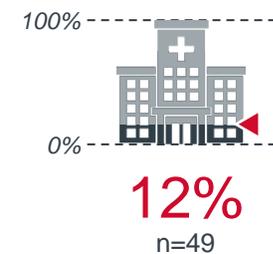
n=87

84%

n=86
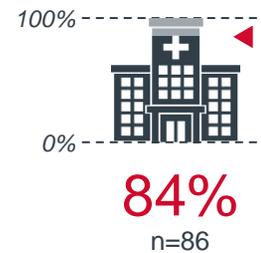
The Joint Commission (TJC)

n=69

78%

n=68

RadSite

n=47

11%

n=47

Intersocietal Accreditation Commission (IAC)

n=49

12%

n=49

1) Percentages may not add up to 100% due to rounding.

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

Seeking Resources to Build a Stronger Lung Screening Program?

The Lung Cancer Screening Program Toolkit Provides Best Practices and Practical Tools

Lung Cancer Screening Program Toolkit

A collection of best practices and practical tools for new and existing programs, organized into five steps to get from inception to excellence:

1. Evaluate your opportunity

2. Establish program infrastructure

3. Grow volumes

4. Demonstrate program value

5. Achieve screening program excellence

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2015 Lung Cancer Screening Quick Poll Respondent Characteristics

Which of the following best describes your organization?

n=146

- ■ Program provides lung CT screening
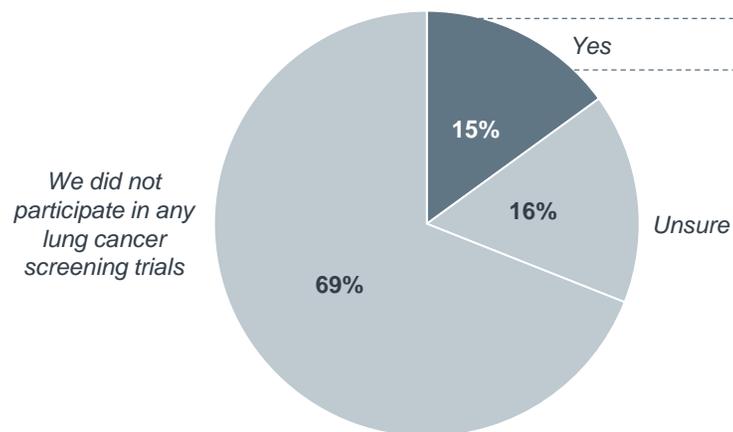- ■ Program does not provide lung CT screening
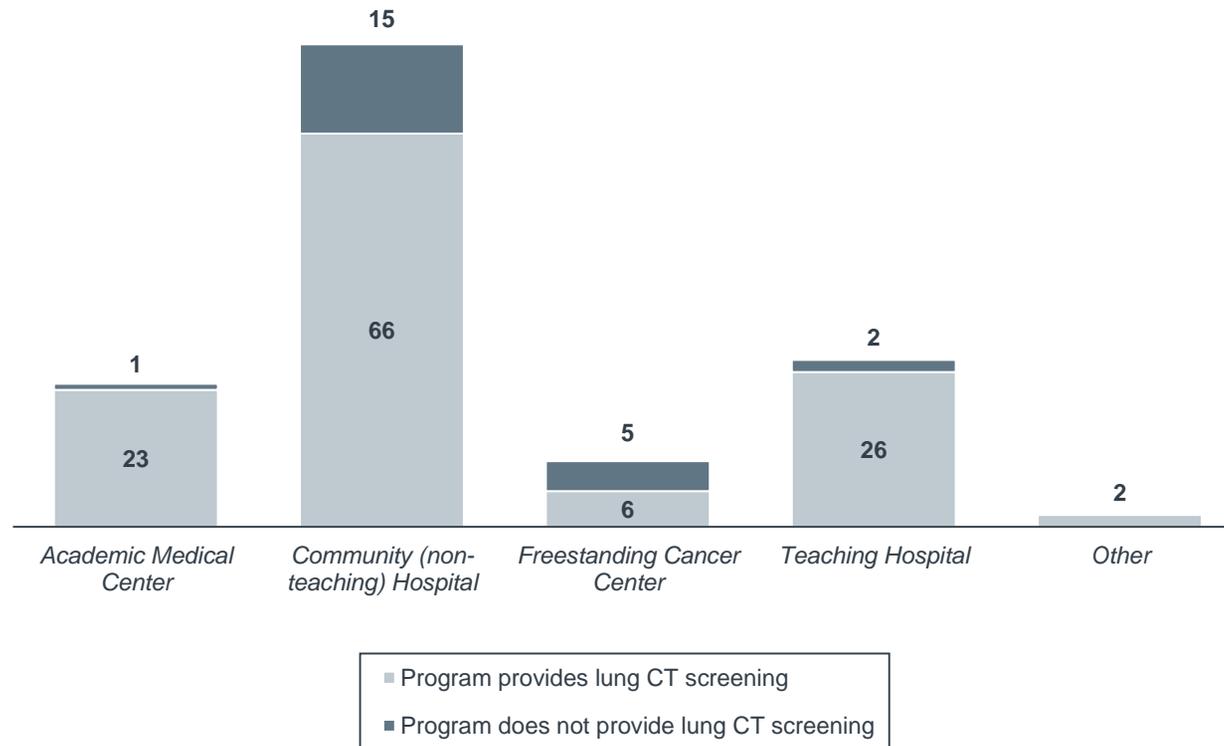
2015 Lung Cancer Screening Quick Poll Respondent Characteristics (cont.)

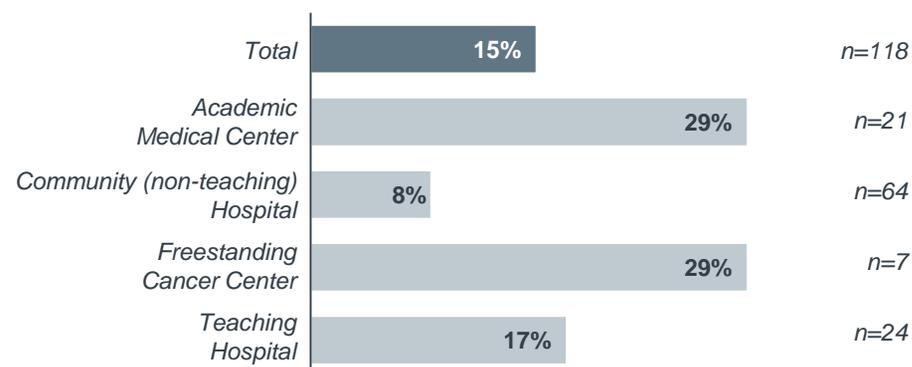**Did your organization participate in any lung cancer screening trials?**
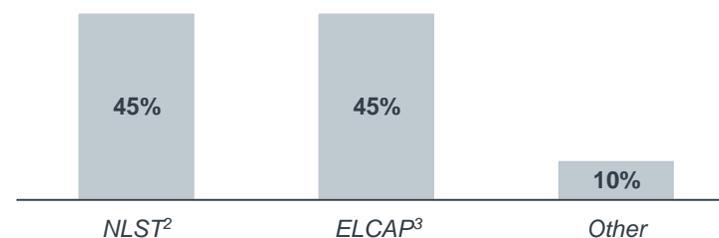
Percentage of respondents[1]

n=118

Yes

15%

16%   Unsure

We did not participate in any lung cancer screening trials

69%

- **Percentage of organizations that participated in screening trials**

Percentage of respondents answering "Yes", by organization type[1]

Total	15%	n=118
Academic Medical Center	29%	n=21
Community (non-teaching) Hospital	8%	n=64
Freestanding Cancer Center	29%	n=7
Teaching Hospital	17%	n=24

- **If yes, in which screening trials did your organization participate?**

n=20

NLST[2]	ELCAP[3]	Other
45%	45%	10%

1) Percentages may not add up to 100% due to rounding.
2) National Lung Screening Trial
3) Early Lung Cancer Action Program

Source: 2015 Oncology Roundtable Lung Cancer Screening Quick Poll.

2015 Lung Cancer Screening Quick Poll Questions

"Does your cancer program provide lung CT screening?"

Respondents who answered "Yes" were given the following questions:

1. When did your cancer program begin offering lung CT screening?
2. What is your primary referral source?
3. How many dedicated staff member FTEs are associated with your lung cancer screening program?
4. Did your organization participate in any lung cancer screening trials?
5. Approximately how many patients did your program screen?
6. Of those patients who were diagnosed by your screening program, approximately how many subsequently received lung cancer treatment from your organization?
7. How do you currently track screening cases within your organization?
8. How difficult has it been to secure reimbursement from private payers for screening since January 1, 2015?
9. How are you tracking the value of your screening program?
10. Which clinician(s) provide(s) the lung cancer screening counseling and shared decision making visits at your institution?
11. Which decision aids do clinicians use with patients during lung cancer screening counseling and shared decision making visits?
12. Which registry do you anticipate using to meet the CMS reporting requirement?
13. Who is responsible for completing lung cancer screening registry reporting requirements?
14. What is your organization's status for each of the following lung cancer screening program designations?
    • American College of Radiology (ACR) Lung Cancer Screening Center
    • Lung Cancer Alliance (LCA) Screening Center of Excellence
15. What is your organization's status for each of the following advanced diagnostic imaging center accreditations?
    • American College of Radiology (ACR)
    • Intersocietal Accreditation Commission (IAC)
    • Rad Site
    • The Joint Commission (TJC)

"Does your cancer program provide lung CT screening?"

Respondents who answered "No" were given the following questions:

1. Are you considering starting a lung CT screening program during 2015?
2. If yes, why are you considering starting a lung CT program in 2015?
3. If no, why aren't you considering starting a lung CT program in 2015?

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