

Increasing Adherence to Annual Lung Cancer Follow Up Screening

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Published In/Presented At

Park, J., Sperrazza, F., & Johnson, M. (2022). *Increasing adherence to annual lung cancer follow up screening*. Poster presented at Lehigh Valley Health Network, Allentown, PA.

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Increasing Adherence to Annual Lung Cancer Follow Up Screening

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Background

- Follow up rates for annual lung cancer screening are lacking.
- Lack of follow up may completely negate the benefits that regular screening has to offer.
- Adherence to annual screening must achieve higher rates and studies suggest that active follow-up strategies are needed to optimize adherence.
- Active follow-up strategies depend on the attitudes and beliefs of smokers who, intentionally or not, do not adhere to recommended screening intervals.
- The two most common reasons why current and former smokers are unwilling to be initially screened are either due to a fear of finding out a cancer diagnosis or due to a lack of insurance coverage.
- However, there remains a dearth of knowledge regarding the attitudes and beliefs for lung cancer screening, let alone for follow up screening.

Problem Statement

- The purpose of this study is to investigate the attitudes and beliefs in current and/or former smokers who did not follow up for lung cancer screening.

Methods

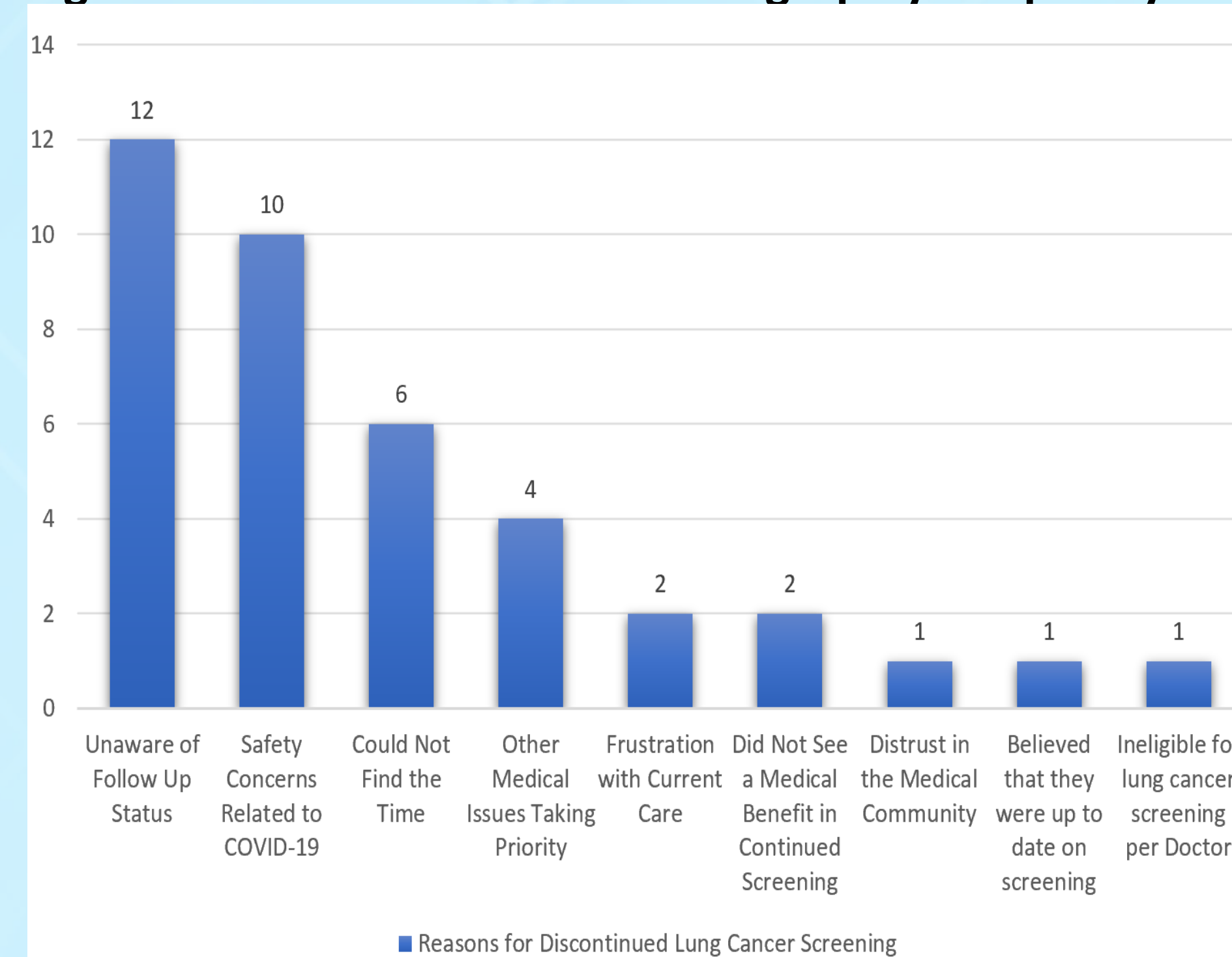
- This study was an extension of a primary care outreach program that had recruited patients eligible for initial lung cancer screening.
- A list of patients who were eligible for follow up was generated via retrospective chart review of from the outreach program according to the latest USPSTF guidelines (Figure 2).
- Eligible patients were contacted for a scripted phone interview (Figure 3) using a hospital associated caller ID via Jabber, a 3rd party phone application.
- Phone interviews were conducted between December 2021 to February 2022.
- Phone calls were attempted either between 12 pm to 1 pm or 5 pm to 6 pm during the weekdays.
- A total of two attempts were made for each patient, each on separate days.
- If patients did not answer either of the attempts, they were removed from the call list.
- Patients who did answer were recognized as either had "Consented" or "Denied" Interview.
- Patients who expressed desire to resume lung cancer screening following the phone interview were advised to follow up with their primary care provider.

Results

Table 1. Main Characteristics of Study Population

	Consented Interview; n=27	Denied Interview; n=30
Average Age	63.37	63.77
Average Pack Years	37.32	43.03
Sex	52% Male (n=14) 48% Female (n=13)	50% Male (n=15) 50% Female (n=15)
Race	92% White or Caucasian (n=25) 4% Declined to Comment (n=1) 4% Unknown (n=1)	94% White or Caucasian (n=28) 3% Black or African American (n=1) 3% Unknown (n=1)
Insurance	48% Medicare (n=13) 15% Commercial (n=4) 30% BLUES (n=8)	80% Medicare (n=24) 13% Commercial (n=4) 7% BLUES (n=2)
Smoking Status	70% Current Everyday Smokers (n=19) 26% Former Smokers (n=7) 4% Light Tobacco Smoker (n=1)	77% Current Everyday Smokers (n=23) 23% Former Smokers (n=7)

Figure 1. Reasons for Not Following Up by Frequency



Study population of 268 patients was generated from retrospective chart review of 4459 patients at five LVPF Family Medicine practices by using the current USPSTF guidelines. Of the 116 patients who were eligible for phone interview, 57 patients were successfully contacted. Of the 57 patients, 27 consented for the phone interview. Of note, 89% of patients who consented for phone interview (n=24/27) expressed desire to resume annual screening.

Figure 2. Exclusion Criteria

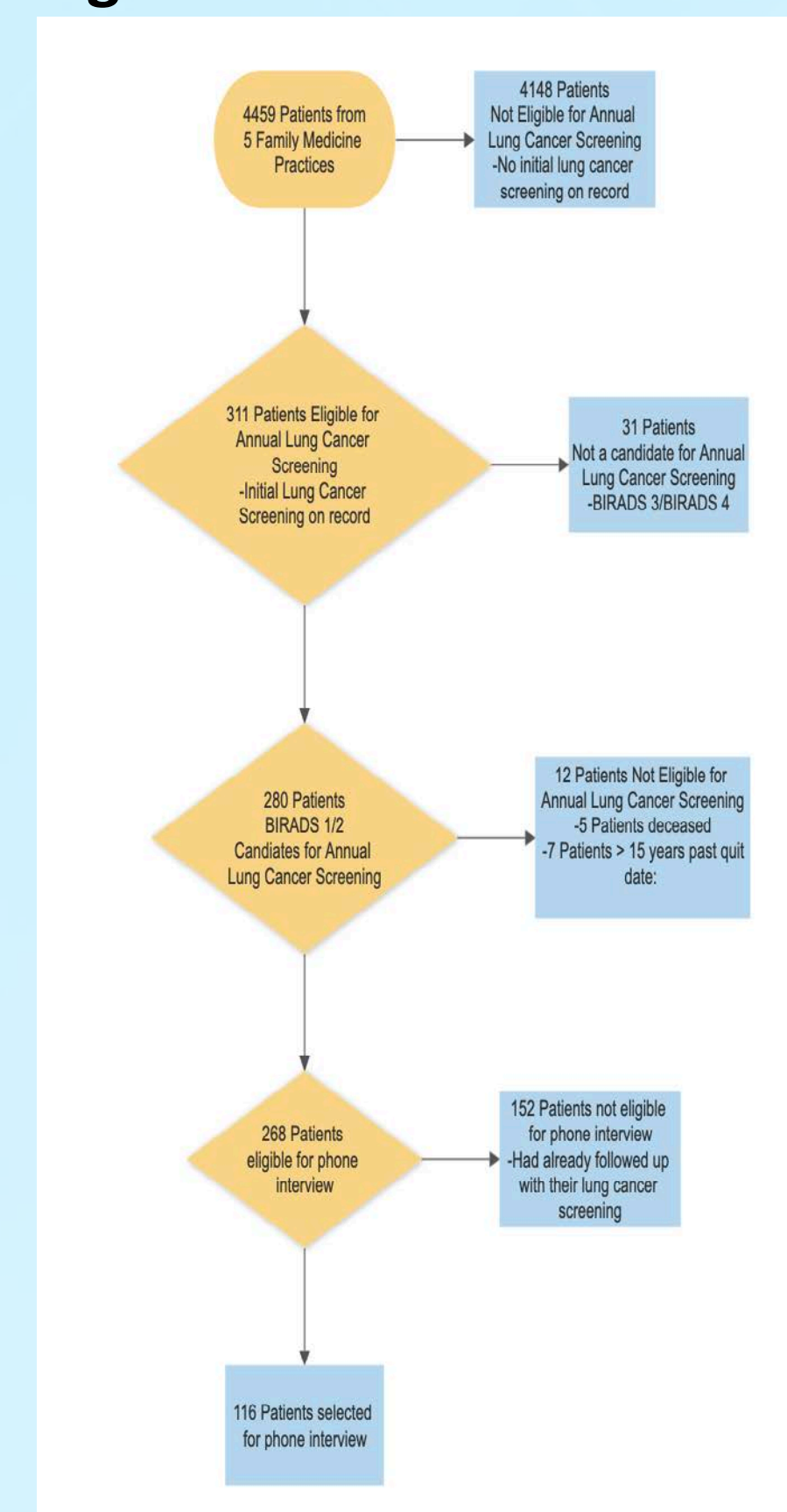
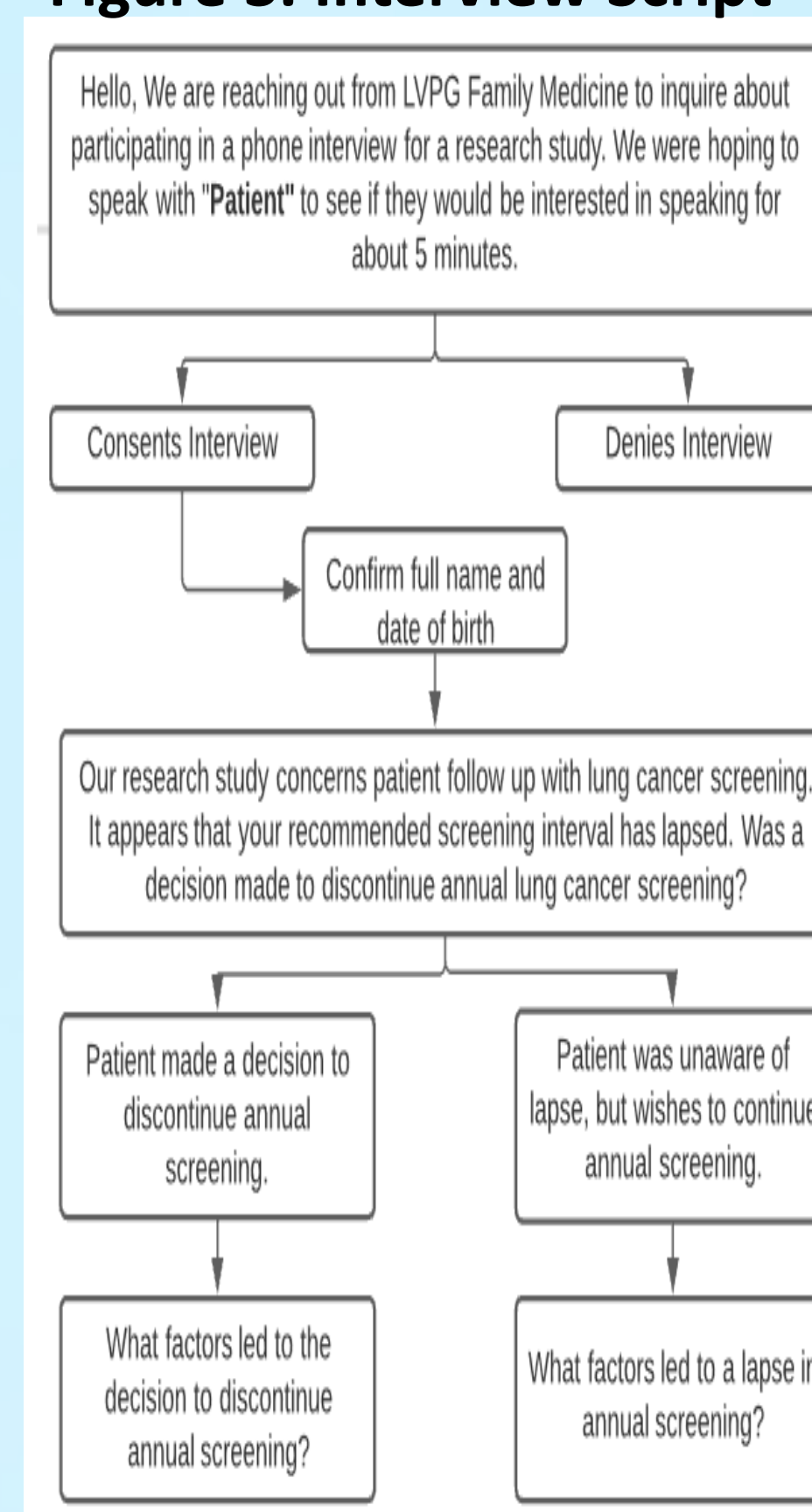


Figure 3. Interview Script



Discussion

- From a values-based patient centered care perspective, patients may benefit from discussion regarding their long-term outlook and how annual screening fits into the overall picture in order to increase adherence rates
 - Education of indications/contraindications for those who believed they were up to date on screening and for those who did not see a benefit in continued screening
 - Maintaining an open relationship with those who feel distrust in the medical community.
 - Reviewing the long-term healthcare plan in those with other medical issues taking priority, for those who could not find the time, and for those who were frustration with current care.
- From a health systems perspective, there may be some benefit in terms of incorporating other types of health reminders in addition to phone call reminders and mailing reminder letters. Furthermore, some patients may benefit by being provided a list of options as far as imaging centers where they could have their CT scans.

Conclusions

- Difficult to conclude how much of these attitudes and beliefs were influenced by outside factors in the context of the pandemic.
- A large majority of patients who had not followed up were still open to resuming annual screening.
- It is imperative that health care providers exercise continue to exercise due diligence in exploring the specific reasons as to why patients may not have followed up as an overwhelming percentage of patients were amicable to resuming annual screening.

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