

# 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

## Managing Director

Lindsay Conway

## Project Director

Marisa Deline

## Contributing Consultant

Natalie Trebes

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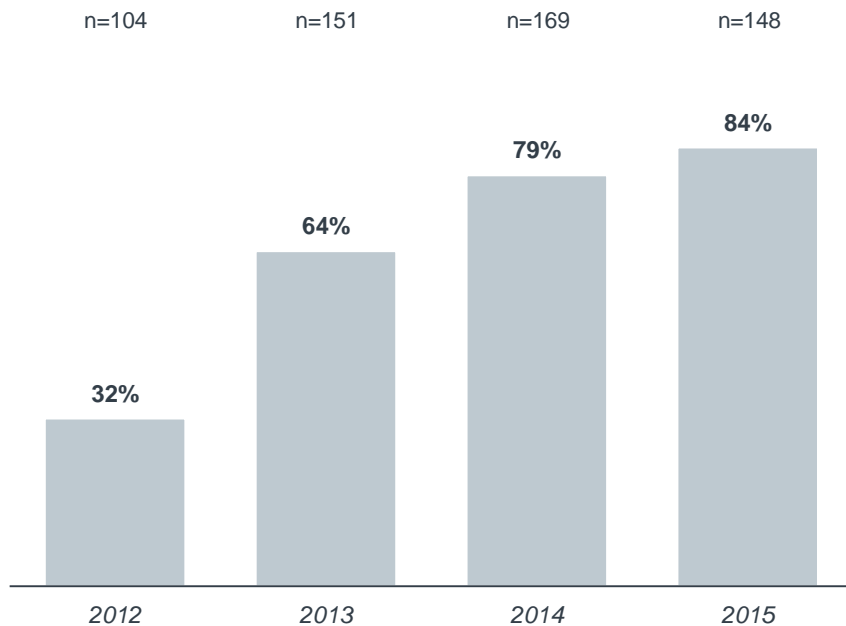
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# Number of Lung Cancer Screening Programs Continues to Grow

## Majority of Programs Began in 2013-2014

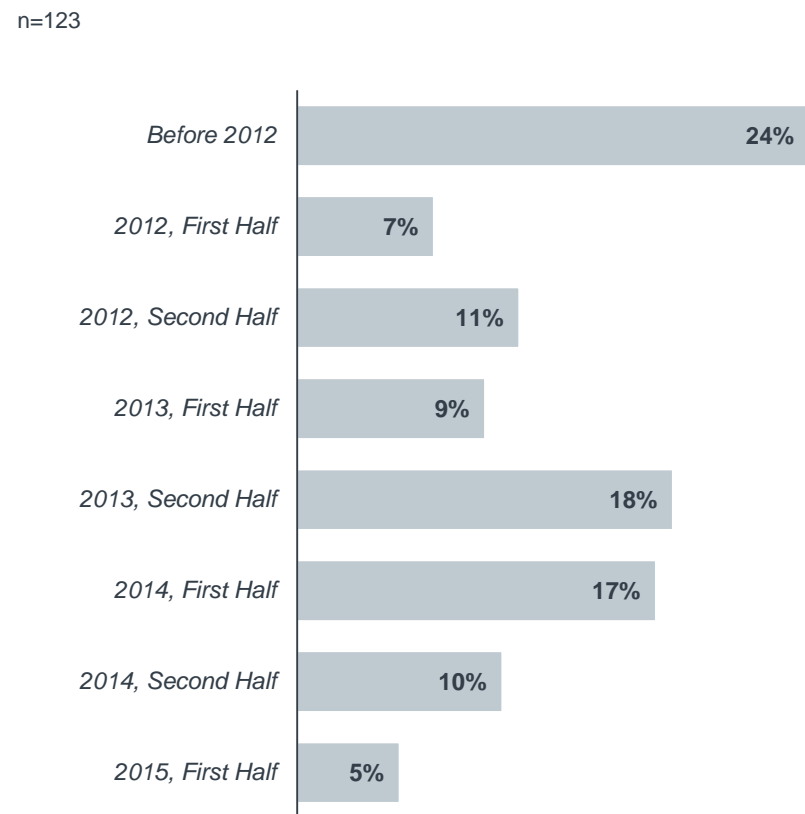
### Does your cancer program provide lung CT screening?

Percentage of respondents answering "Yes", 2012-2015



### When did your cancer program begin offering lung CT screening?

Percentage of respondents with screening programs, by time interval<sup>1</sup>



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

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

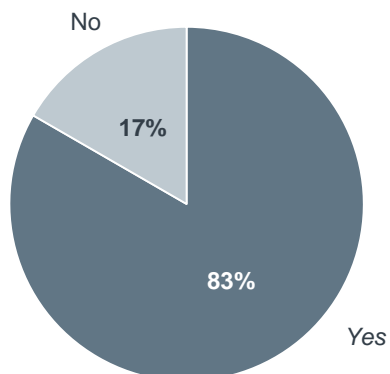
# Many Screening Programs Planned for 2015

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<sup>1</sup>

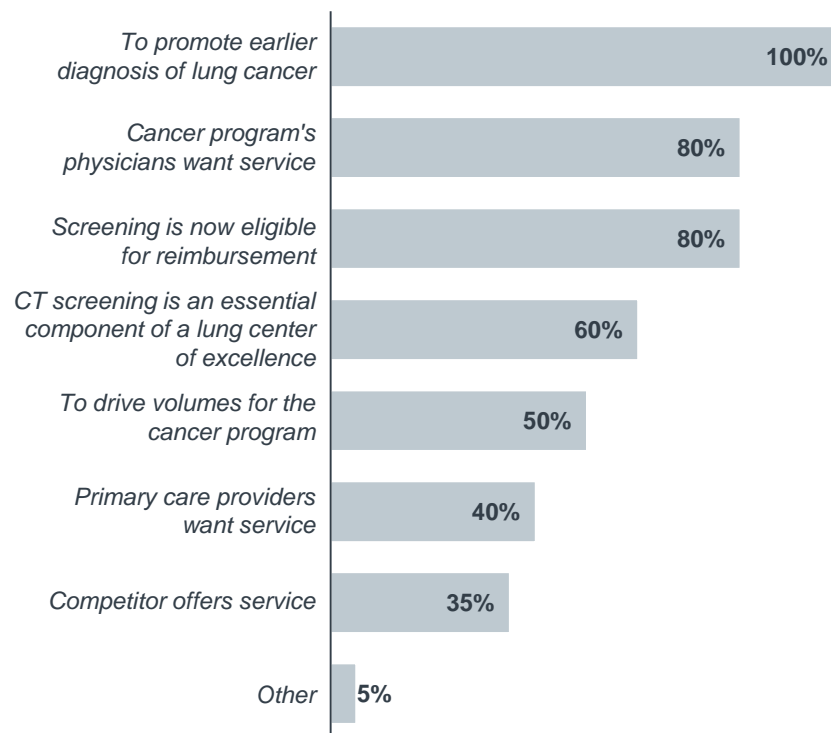
n=24



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

Percentage of respondents considering starting a screening program in 2015<sup>2</sup>

n=20



### 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.

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.

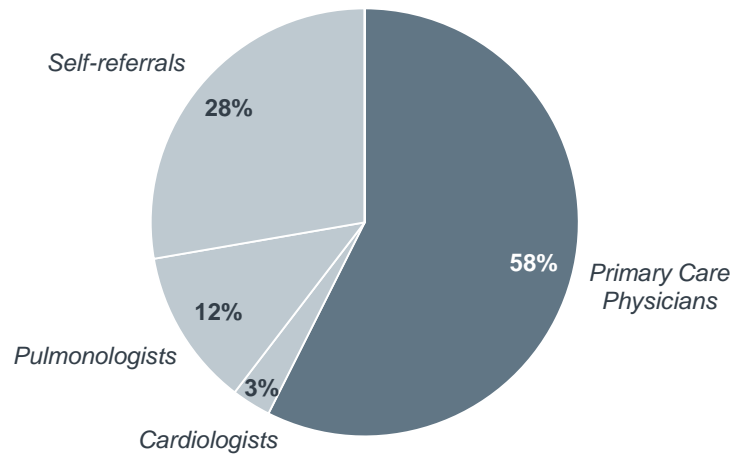
# Primary Care Physicians Drive Majority of Referrals

## Respondents Report More Self-REFERRED Patients in 2015

### What is your primary referral source?

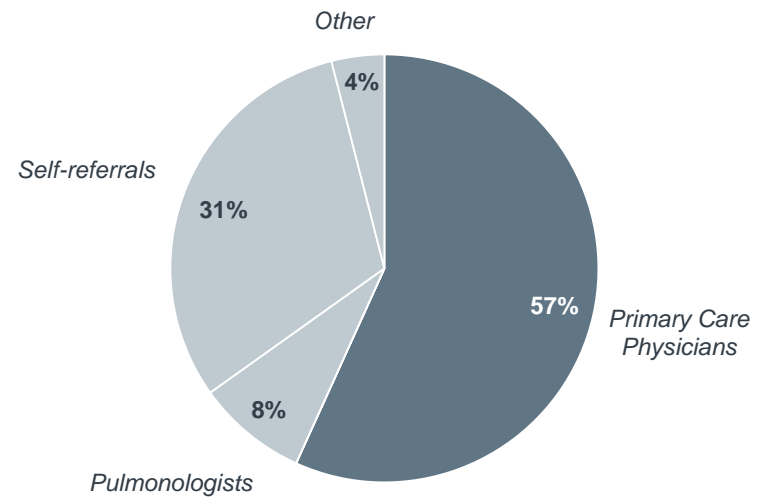
Percentage of respondents, 2014<sup>1</sup>

n=106



Percentage of respondents, 2015<sup>1</sup>

n=122



### 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.

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

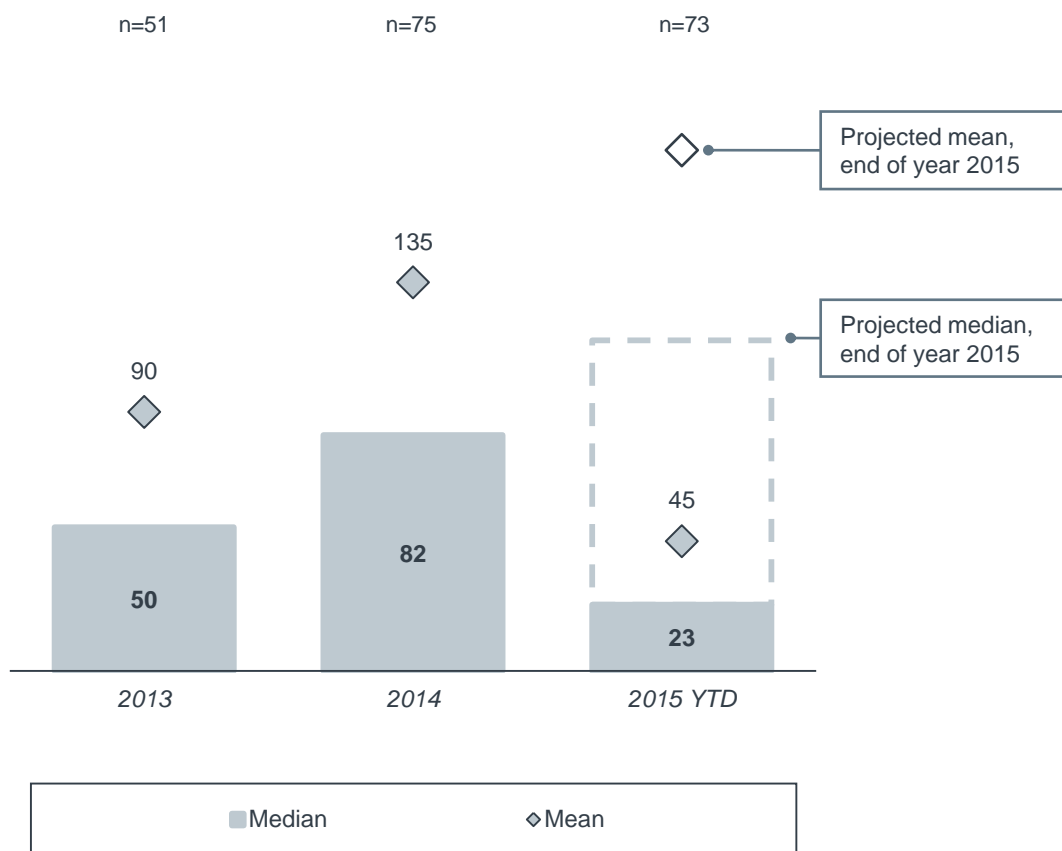
Source: 2014 and 2015 Oncology Roundtable Lung Cancer Screening Quick Polls.

# 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



### Screening volumes and retention of patients, 2013

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

### Screening volumes and retention of patients, 2014

	Number of patients screened	Patients who sought treatment at program
n	75	56
Mean	135	1.4%
Median	82	1.8%

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

# Most Lung Screening Programs Staffed with Partial FTE

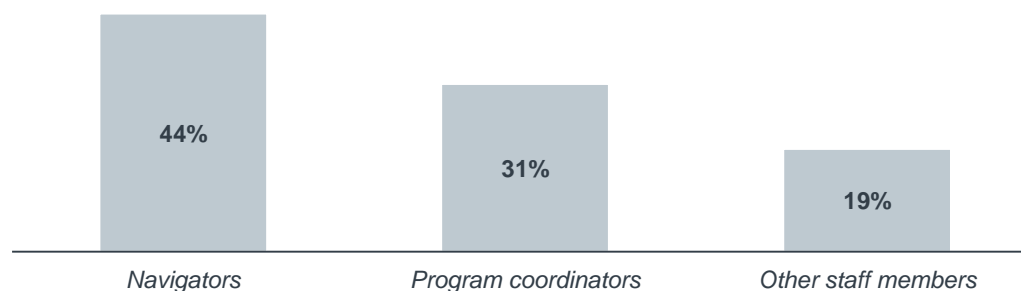
## Dedicated Navigator the Most Common Role

**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 <sup>1</sup>	46	0.9	1.1	1.1

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

n=118



1) Values calculated only for programs with 2014 patient volumes at or above the 25<sup>th</sup> percentile, and at least 0.1 FTE for the staff member.

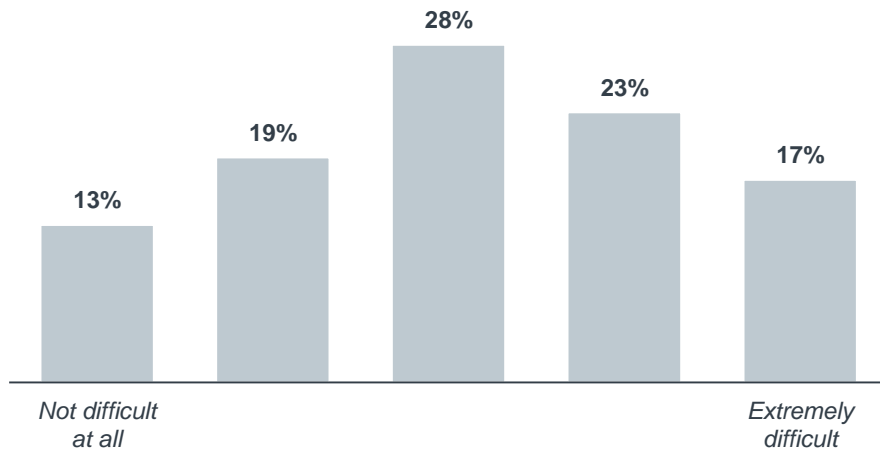
# Diverse Experiences in Securing Private Reimbursement for Screening

## 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<sup>1</sup>

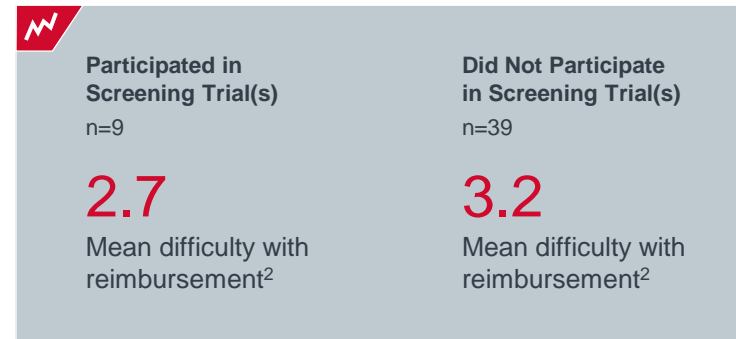
n=53



### Comparison of reimbursement difficulty by screening trial participation status



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



### 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.



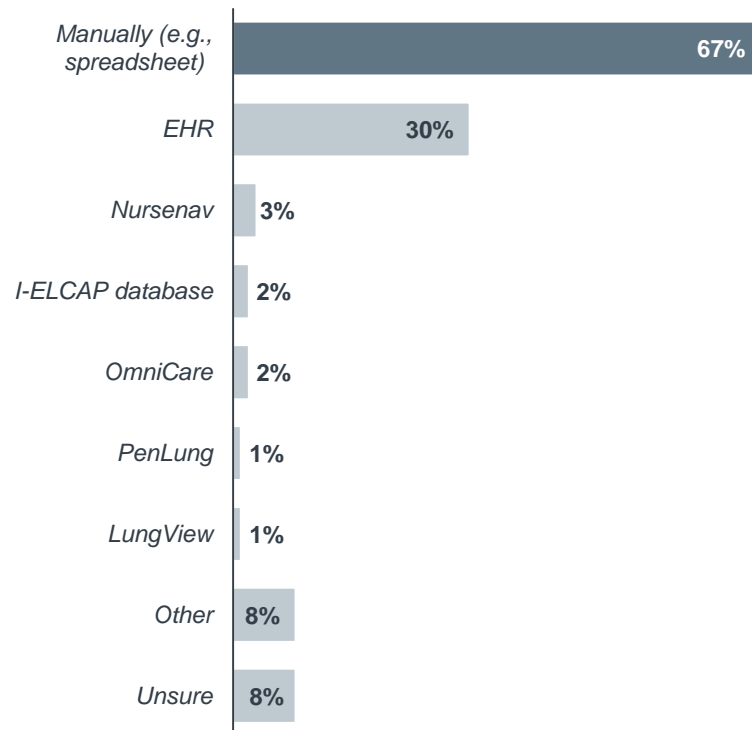
# Most Programs Tracking Screening Cases Manually

## Few Programs Employing Tracking Software

### How do you currently track screening cases within your organization?

Percentage of respondents<sup>1</sup>

n=98



#### 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.

<sup>1</sup> Percentages do not add up to 100% because respondents were allowed to check all that apply.

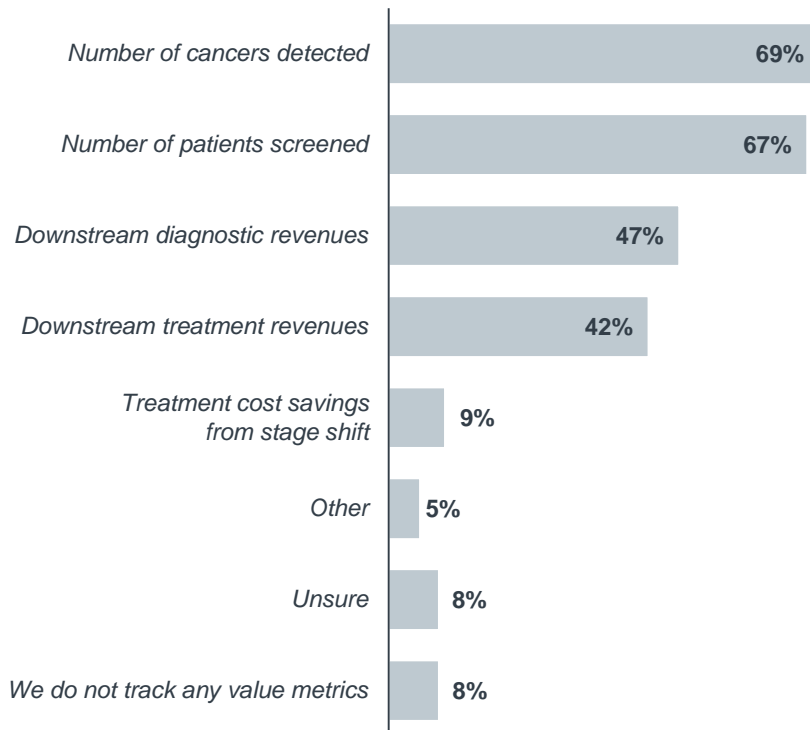
# Demonstrating Value with Cancers Detected, Patients Screened

## Downstream Revenues Also Common Metrics for Tracking Program Value

### How are you tracking the value of your screening program?

Percentage of respondents<sup>1</sup>

n=98



### 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.

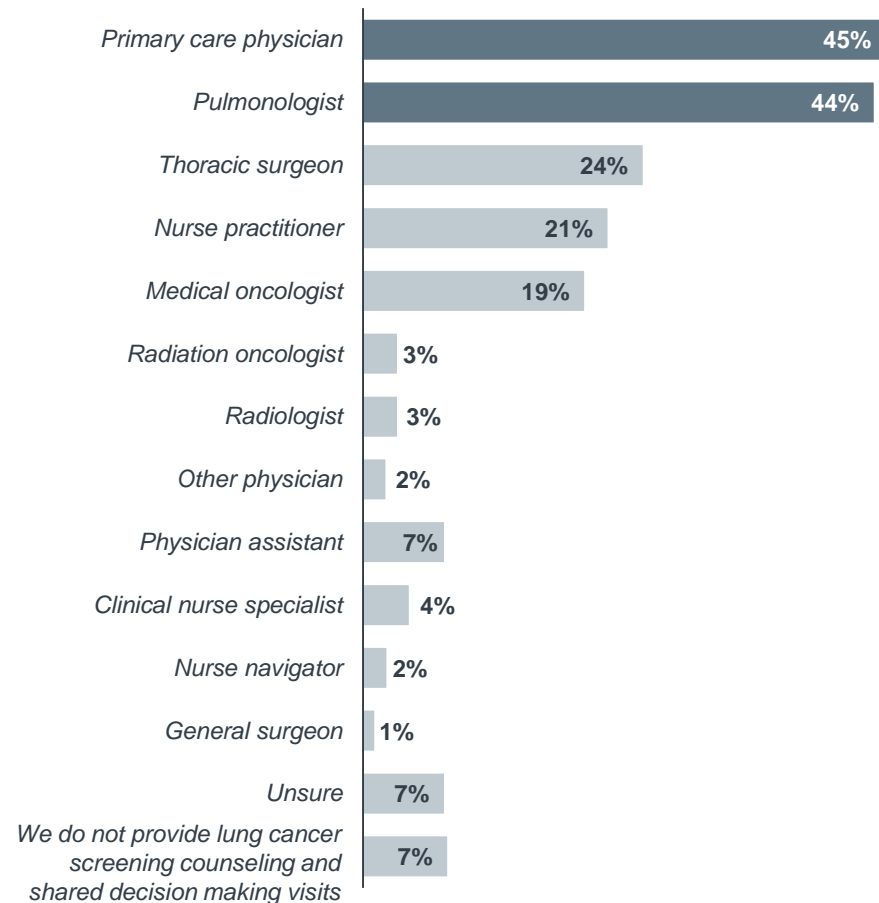
# Primary Care Physicians, Pulmonologists Providing Most Decision Counseling

## Brochures Are Most Popular Form of Decision Aid

### Which clinician(s) provide(s) the lung cancer screening counseling and shared decision making visits<sup>1</sup> at your institution?

Percentage of respondents<sup>2</sup>

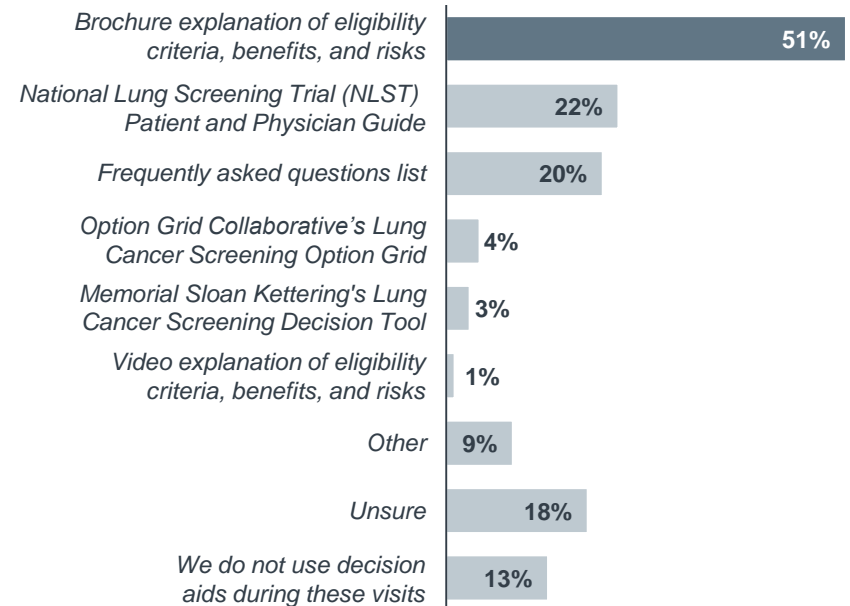
n=95



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

Percentage of respondents<sup>2</sup>

n=93



#### 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.

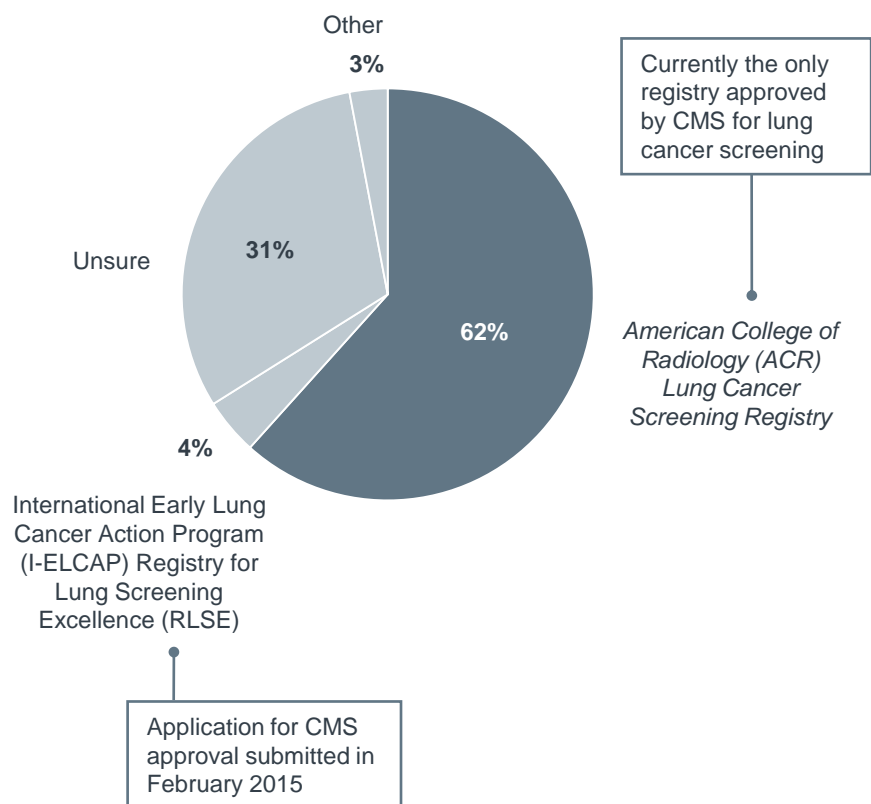
2) Percentages do not add up to 100% because respondents were allowed to check all that apply.

# Widespread Uncertainty About Registry Reporting to CMS

## Which registry do you anticipate using to meet the CMS reporting requirement?

Percentage of respondents<sup>1</sup>

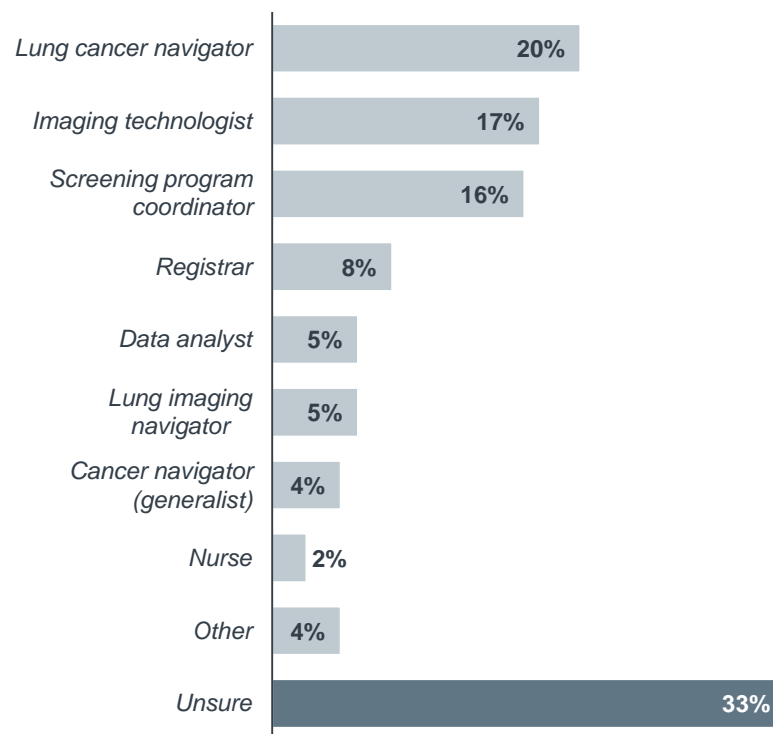
n=90



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

Percentage of respondents<sup>2</sup>

n=92



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

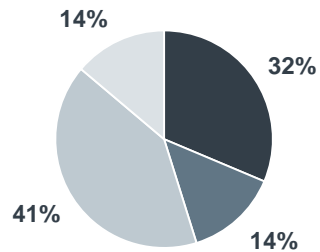
## Few Programs Planning to Seek Imaging Center Accreditations If Not Already Accredited

What is your organization's status for each of the following lung cancer screening program designations?

Percentage of respondents<sup>1</sup>

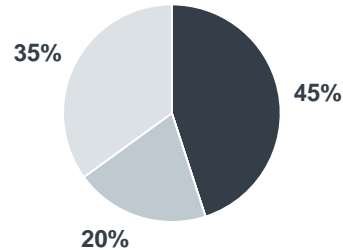
American College of Radiology (ACR)  
Lung Cancer Screening Center

n=82



Lung Cancer Alliance (LCA)  
Screening Center of Excellence

n=70

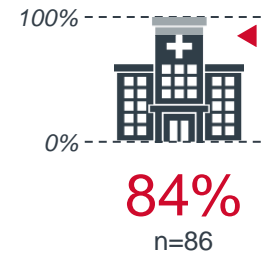


- Have this designation/accreditation
- Currently seeking this designation/accreditation
- Planning to seek this designation/accreditation
- Do not have this designation/accreditation, and have no plans to seek it

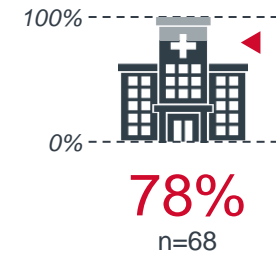
Does your organization have the following advanced diagnostic imaging center accreditations?

Percentage of respondents indicating that they have an accreditation

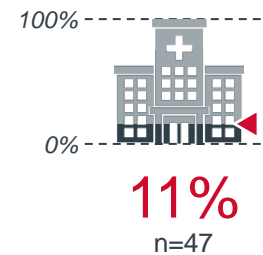
American College of Radiology (ACR)  
n=87



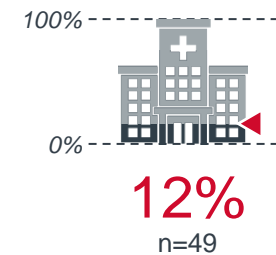
The Joint Commission (TJC)  
n=69



RadSite  
n=47



Intersocietal Accreditation Commission (IAC)  
n=49



**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.

<sup>1</sup>) 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?

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



## Lung Cancer Screening Program Toolkit

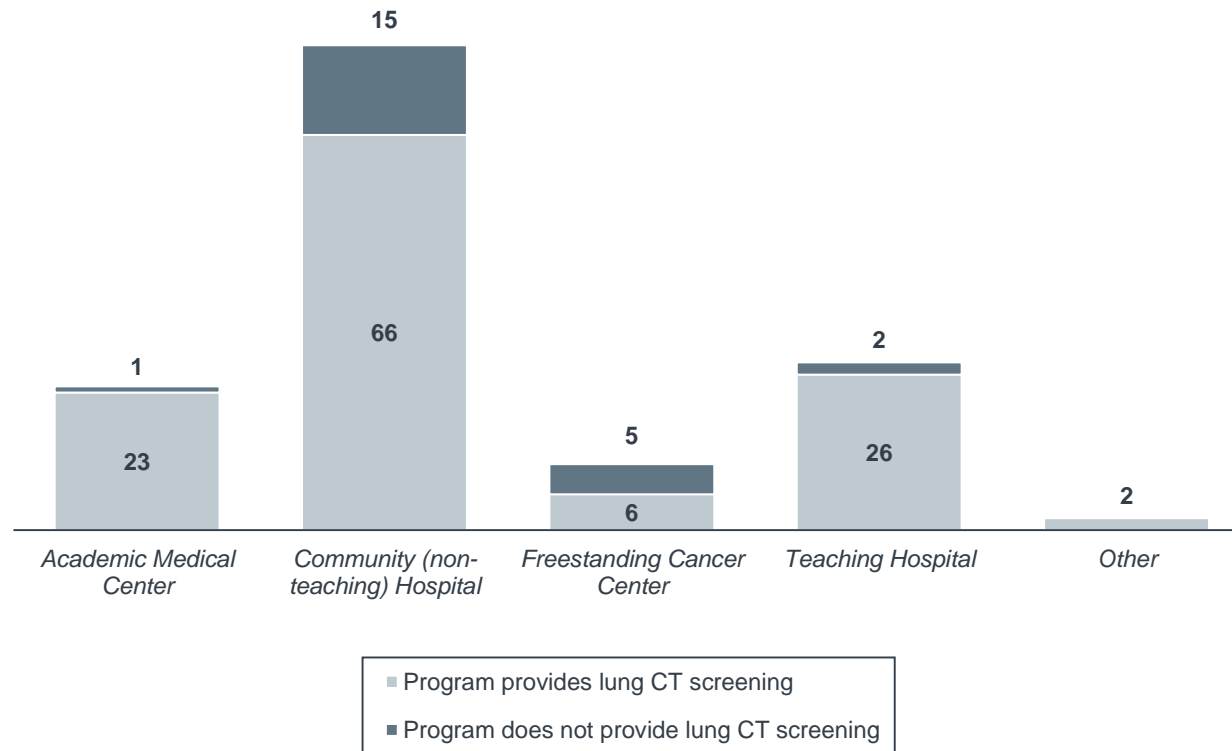
A collection of best practices and practical tools for new and existing programs, organized into five steps to get from inception to excellence:

1. Evaluate your opportunity
2. Establish program infrastructure
3. Grow volumes
4. Demonstrate program value
5. Achieve screening program excellence

# 2015 Lung Cancer Screening Quick Poll Respondent Characteristics

Which of the following best describes your organization?

n=146

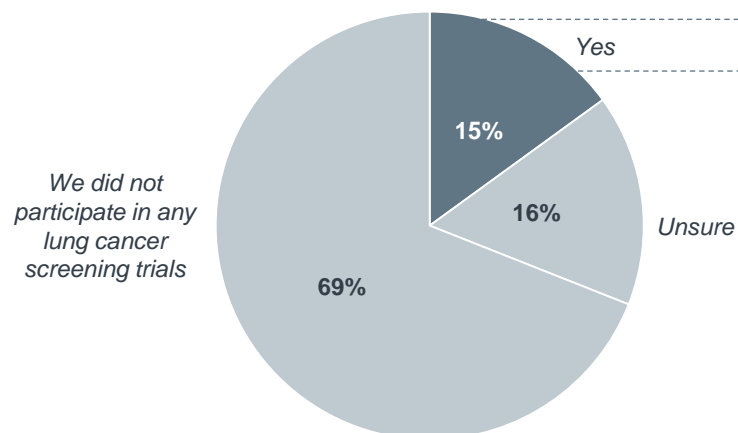


# 2015 Lung Cancer Screening Quick Poll Respondent Characteristics (cont.)

## Did your organization participate in any lung cancer screening trials?

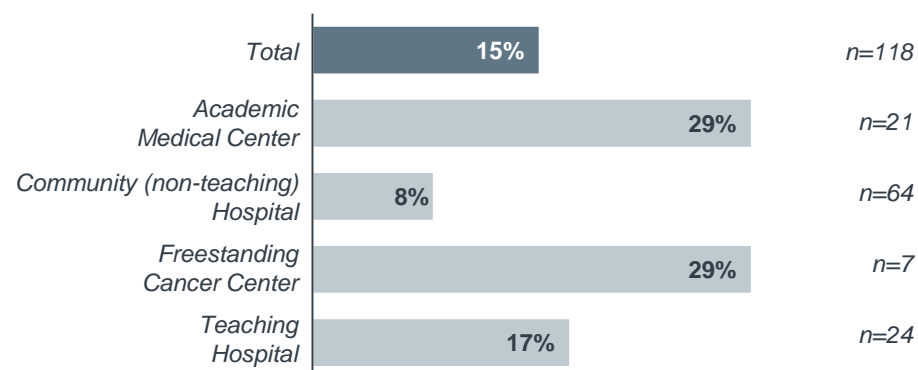
Percentage of respondents<sup>1</sup>

n=118



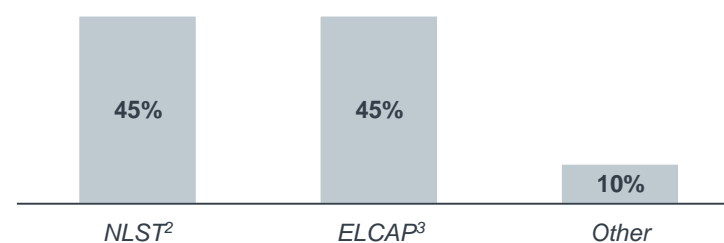
## Percentage of organizations that participated in screening trials

Percentage of respondents answering "Yes", by organization type<sup>1</sup>



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

n=20



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

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## **“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?



2445 M Street NW | Washington DC 20037  
P 202.266.5600 | F 202.266.5700

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