

Welcome

Please stand by. We will begin shortly.

Lung Cancer Screening: Who, What, Where, When and Why

Wednesday, September 30, 2016 2pm ET (90 minutes)



SMOKING CESSATION
LEADERSHIP CENTER

Disclosures

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Moderator



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Thank you to our funders



Robert Wood Johnson Foundation



truth initiative
INSPIRING TOBACCO-FREE LIVES



National Behavioral Health Network
For Tobacco & Cancer Control

Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Today's Speaker



**Carly Ornstein, MPH,
CHES**

National Director of Lung
Cancer Education, American
Lung Association

Today's Speaker



Bill Blatt, MPH

National Director of Tobacco Programs, American Lung Association



LUNG CANCER SCREENING: WHO, WHAT, WHERE, WHEN AND WHY

NOVEMBER 30, 2016





Bill Blatt, MPH

National Director of Tobacco Programs



Carly Ornstein, MPH

National Director of Lung Cancer Education

OBJECTIVES

- Describe lung cancer, its causes, screening techniques and related eligibility criteria
- Communicate the essentials of insurance coverage for lung cancer screening
- Access lung cancer support resources and lung cancer screening information
- Discuss the role of smoking cessation in lung cancer screening

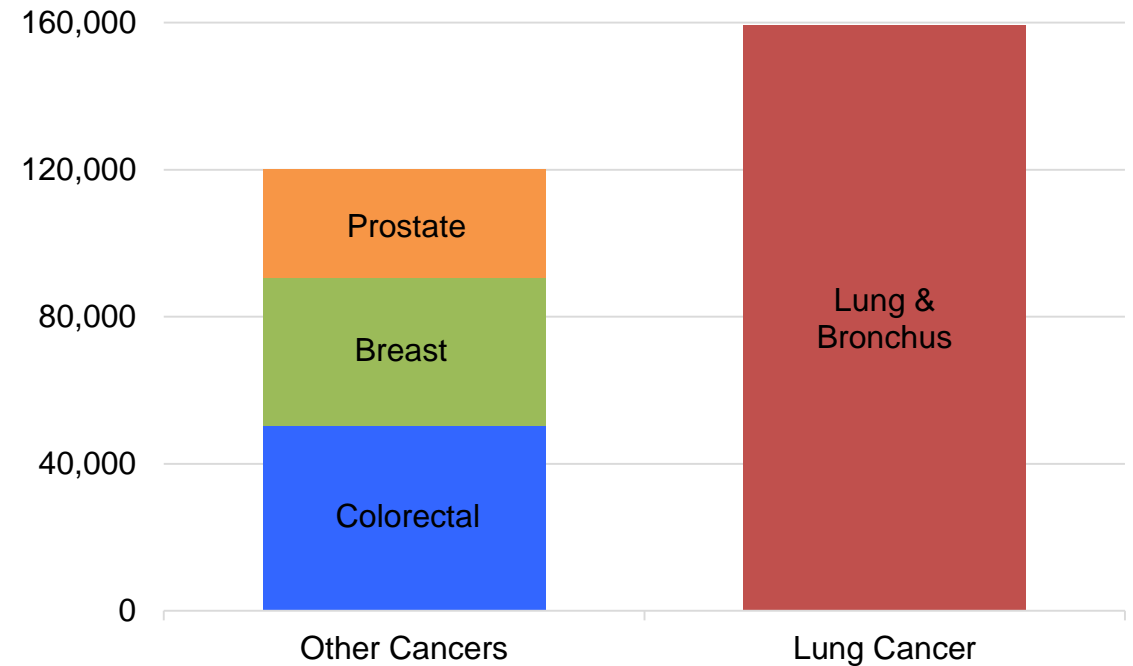
AGENDA

- Overview of lung cancer
- Lung cancer screening background and eligibility
- High-level screening insurance overview
- Tobacco cessation
- Stigma
- Resources
- Lung Cancer Awareness Month (LCAM)

INTRODUCTION TO LUNG CANCER

Did you know?

- Lung cancer is the #1 cancer killer of both men and women.
- It kills more people than breast, colon and prostate combined.
- Main risk factor is tobacco smoke.
- 2nd greatest risk factor is radon.



LUNG CANCER STATS

- Prevalence: 415,000
- Incidence: 224,390
- Kentucky has the highest incidence. Utah, the lowest (parallels smoking rates)
- 2/3 of lung cancer diagnoses are in never smokers and former smokers.
- More men are diagnosed each year but more women live with the disease.
- Black men and women are more likely to develop and die from lung cancer.

LUNG CANCER STATS CONT.

- 5 year survival rate is lower than many other leading cancer sites.
- 5 year survival rate is 55% for cases detected at an early stage.
- At least 8.6 million Americans qualify as high risk for lung cancer.
- If half of these high-risk individuals were screened, over 13,000 lung cancer deaths could be prevented.

LUNG CANCER BACKGROUND

- It is a cancer that starts in the lungs
- Often no symptoms until late stage, when it is harder to treat.
- There are two main types (small cell and non-small cell) and various treatment options.
 - Chemotherapy
 - Radiation
 - Surgery
 - Targeted therapy
 - Immunotherapy
 - Palliative/Supportive Care



LUNG CANCER RISK FACTORS

Smoking

Radon

Hazardous
Chemicals

Particle
Pollution

Family
History

Unknown

LUNG CANCER SYMPTOMS

- Shortness of breath
- Cough that doesn't go away
- Coughing up blood
- Back pain
- Weight loss
- Fatigue



LUNG CANCER SCREENING BACKGROUND

- National Lung Cancer Screening Trial (NLST)
- Launched in 2002
- Low-dose spiral CT (LDCT) vs. standard chest X-ray.
- Enrolled 53,454 current or former heavy smokers ages 55 to 74.
- **Screening individuals with LDCT scans could reduce lung cancer mortality by 20 percent compared to chest x-ray.**



LUNG CANCER SCREENING ELIGIBILITY

- Who should be screened?
 - Between 55 and 80
 - 30 pack year history of smoking
 - Current smoker or quit within the last 15 years
 - Asymptomatic
- Screening for the high-risk group has been shown to detect lung cancer earlier, when it is easier to treat.
- [Lung.org/lcscreening](https://www.lung.org/lcscreening)



LUNG CANCER SCREENING INSURANCE COVERAGE

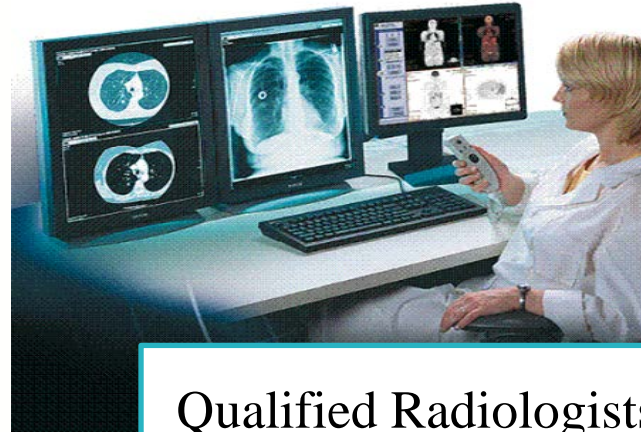
- Given “B” grade by USPSTF in 2013
- Covered under private insurance
- 2015 CMS agreed to cover screening (up to age 77)
- Medicaid varies by state



MEDICARE REQUIREMENTS



Shared Decision Making



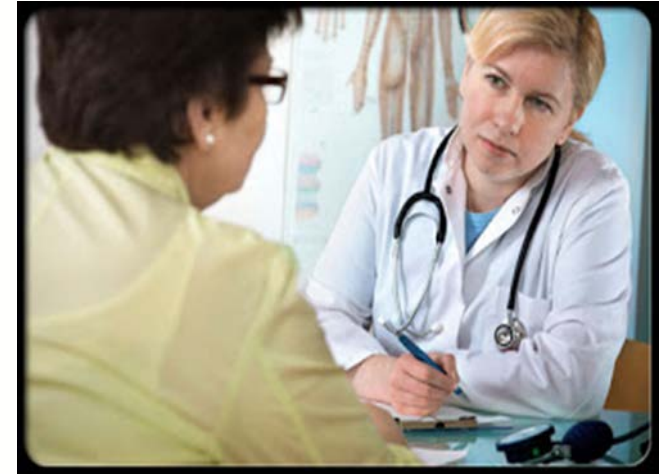
Qualified Radiologists



Location Requirements

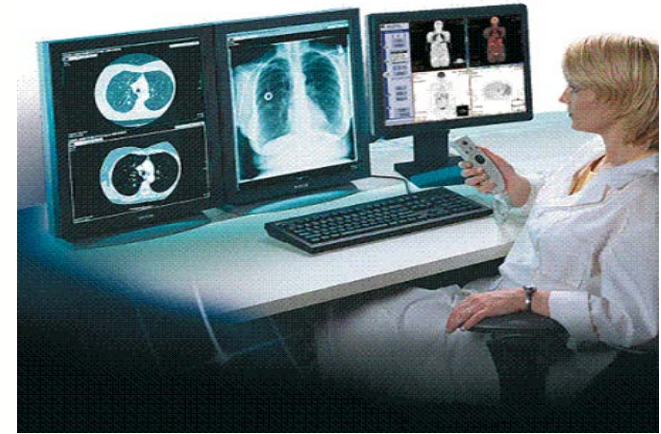
Shared Decision Making Visit

- Confirmation that patients meet the high risk definition
- Risks vs. Benefits
- Information about follow-up
- Importance of yearly screening
- Tobacco cessation counseling



Qualified Radiologists

- Certified with the American Board of Radiology (ABR) or an equivalent organization
- Training in diagnostic radiology and safety
- Experience in reading and interpreting CT scans for possible lung cancer
- CMEs
- Perform in appropriate facility



Location Requirements

- Use the proper level LDCT scans
- Use a standardized lung nodule identification, classification and reporting system
- Make available smoking cessation interventions for current smokers
- Collect and submit certain patient data to a Medicare-approved data registry



FREEDOM FROM SMOKING

- Voluntary, interactive and supportive
- Addiction-based model with behavior change focus
- Supports use of cessation medications
- Multiple delivery options:
 - Freedom From Smoking in-person group clinic *
 - Freedom From Smoking Plus
 - Lung HelpLine *
 - Freedom From Smoking self-help guide *

* Available in Spanish



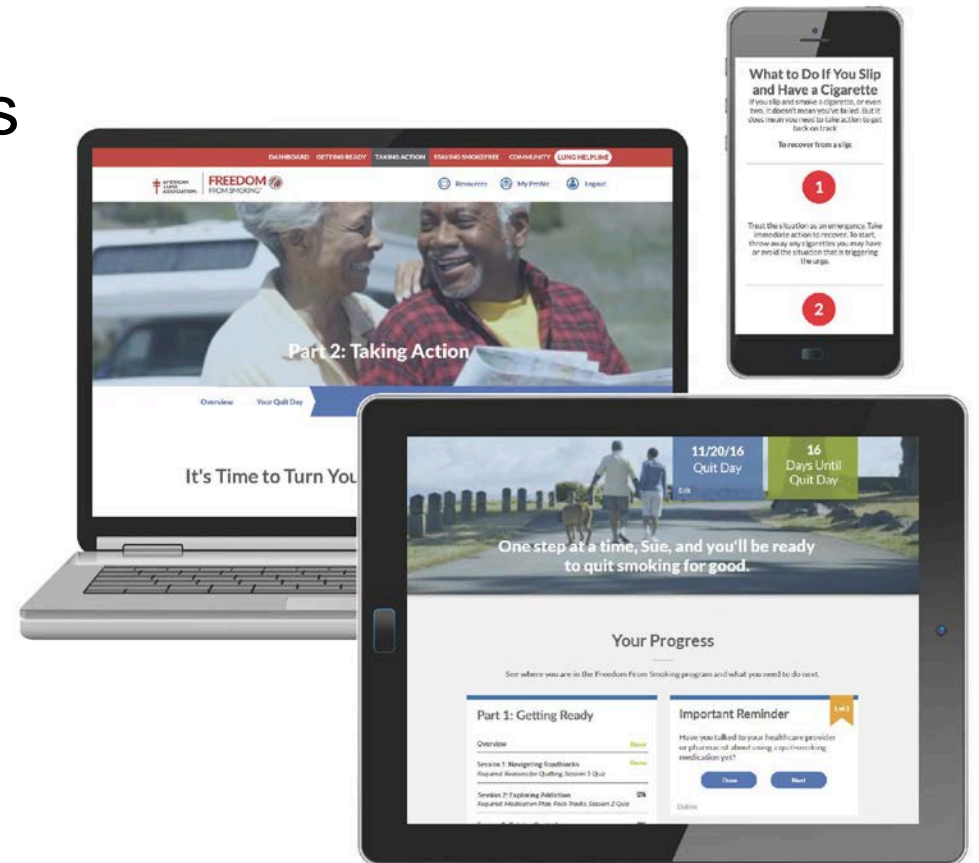


FREEDOM 
FROM SMOKING® PLUS

FREEDOM FROM SMOKING PLUS

- The American Lung Association's proven effective approach to cessation in a new format perfect for today's mobile lifestyles
- Adaptive, responsive design
- Fully updated with engaging activities, content and tools
- Telephone and online chat support from the Lung HelpLine

www.FreedomFromSmoking.org



QUITTER'S CIRCLE

- Mobile app and online community
- Personalized quit plan
- Build your own quit team
- Real-time access to physicians via telemedicine
- Track progress and send out alerts when additional support is needed
- Share successes on Facebook and Twitter

www.QuittersCircle.com



TOBACCO CESSATION AND THE AFFORDABLE CARE ACT

The Affordable Care Act (ACA) requires most health insurance plans to cover all preventive services with an “A” or “B” rating from the U.S. Preventive Services Task Force (USPSTF).

The good news: Tobacco cessation has an “A” rating from USPSTF.

The bad news: The USPSTF rating and related recommendation was written for healthcare providers, not as a model for health insurance coverage policy.

ACA: WHAT'S COVERED

- Screening for tobacco use
- Individual, group and phone counseling (at least 10 minutes per session)
- All FDA-approved tobacco cessation medications (prescription and OTC) when prescribed by a healthcare provider
- At least 2 quit attempts per year
- 4 sessions of counseling and 90 days of medication per quit attempt
- No prior authorization is required for treatment
- No cost-sharing is required

ACA: WHAT'S COVERED

- 7 FDA-Approved Tobacco Cessation Medications
 - Nicotine Patch (OTC)
 - Nicotine Gum (OTC)
 - Nicotine Lozenge (OTC)
 - Nicotine Nasal Spray (RX)
 - Nicotine Inhaler (RX)
 - Bupropion (*Zyban*[®] or *Wellbutrin*[®]) (RX)
 - Varenicline (*Chantix*[®]) (RX)

ACA: ADDITIONAL RESOURCES

www.Lung.org/acatoolkit

- Factsheets
- Advocates tools
- Presentations
- Maps
- Help for smokers on choosing the right plan

Tobacco Cessation Coverage: What is Required?

The Patient Protection and Affordable Care Act (ACA) was passed in March 2010, and many of its major provisions have been implemented over the last four years, culminating in new insurance coverage available to many Americans starting January 1, 2014. How did the ACA change requirements for what plans should be covering to help smokers quit in 2014?

Insurance Type	Who?	Required coverage before ACA	Required coverage now
Medicare	Age 65+ or some disabled individuals	<ul style="list-style-type: none"> ■ 4 sessions of individual counseling ■ 4 prescription cessation medications ■ Up to 2 quit attempts per year 	<ul style="list-style-type: none"> ■ 4 sessions of individual counseling ■ 4 prescription cessation medications ■ Up to 2 quit attempts per year ■ No cost-sharing ■ Annual prevention visit
Traditional Medicaid	Low-income or disabled individuals, eligibility varies by state	No federal requirements, coverage varied by state	<p>For Pregnant Women:</p> <ul style="list-style-type: none"> ■ Individual, group and phone counseling ■ All tobacco cessation medications (prescription and OTC) ■ No cost-sharing <p>For all Medicaid Enrollees:</p> <ul style="list-style-type: none"> ■ All tobacco cessation medications (prescription and OTC) ■ Coverage of counseling varies by state/plan ■ Cost-sharing varies by state/plan
Medicaid Expansion	Low-income or disabled individuals, up to 138 percent of federal poverty level in states that expand Medicaid	Not applicable—Medicaid expansion did not exist prior to ACA	<ul style="list-style-type: none"> ■ Tobacco cessation treatment as a preventive service (see pg. 2) ■ No cost-sharing ■ At least 1 tobacco cessation medications
Individual Insurance Plans*	Individuals not buying insurance through an employer or part of a group, including through state health insurance marketplaces	No tobacco cessation requirements	<ul style="list-style-type: none"> ■ Tobacco cessation treatment as a preventive service (see pg. 2) ■ No cost-sharing ■ 1-3 tobacco cessation medications, depending on the benchmark plan
Small Group Plans*	Individuals buying insurance through their small employer (100 or less full-time employees) or another small group, including through state health insurance marketplaces	No tobacco cessation requirements	<ul style="list-style-type: none"> ■ Tobacco cessation treatment as a preventive service (see pg. 2) ■ No cost-sharing ■ 1-3 tobacco cessation medications, depending on the benchmark plan
Employer-Provided Plans (Large Group/Self-Insured)*	Employees receiving insurance coverage through their employer	No tobacco cessation requirements	<ul style="list-style-type: none"> ■ Tobacco cessation treatment as a preventive service (see pg. 2) ■ No cost-sharing

*Excluding plans that are "grandfathered" (those that were in operation before March 2010 and have not made significant changes) and do not have to meet ACA requirements.

Cost-sharing: money a patient must pay when receiving treatment/filling a prescription—copays, deductibles, coinsurance, etc.

OTC Medication: medication you can buy "over-the-counter" without a prescription

Benchmark plan: the plan each state has chosen to set the standard for other plans in the State Health Insurance Marketplace

www.Lung.org

1-800-LUNGUSA (1-800-586-4872)

July 22, 2014

REIMBURSEMENT FOR CESSATION SERVICES

General Coding/Billing Information and Resources

- American Academy of Pediatrics
<http://www2.aap.org/richmondcenter/CodingPayment.html>
- American Lung Association
<http://www.lung.org/assets/documents/tobacco/how-to-design.pdf>

Billing Codes

- American Academy of Pediatrics
<http://www2.aap.org/richmondcenter/pdfs/TobaccoCodingFactSheet.pdf>

Reimbursement Guide

- Professional Assisted Cessation Therapy
<http://www2.aap.org/richmondcenter/pdfs/PACTReimbursementforSmokingCessation.pdf>

LUNG CANCER STIGMA

- Many people blame those with lung cancer.
- People often ask, “Did you smoke?”
- Smokers, formers smoker and never smokers all find this question hurtful.



EMERGING BEST PRACTICES IN STIGMA REDUCTION

- Focus on disease, not past behaviors
- Emphasize facts; dispel myths
- Don't focus on an individual's smoking status
 - tobacco use is one of several risk factors
 - “Anyone can get lung cancer”
- Put lung cancer patients front and center, not their smoking status
- Emphasize that everyone deserves sympathy and support

LUNG CANCER STIGMA MESSAGING

Do...

- Focus on messages that unite the lung cancer community.
- Educate the public about the other risk factors.
- Encourage non-smokers to express empathy for smokers in their messaging.
- Feature a wide variety of patients with diverse backgrounds.
- Encourage patients to address stigma when confronted with it.

Don't...

- Overemphasize a patient's smoking status in messaging.
- Only feature never smokers.
- Only focus on tobacco as a risk factor.
- Ignore someone's stigmatizing comments.

LUNG CANCER STIGMA: TAKING ACTION

What can you do?

- Ask how you can help someone with lung cancer.
- Don't focus on their smoking status.
- Encourage someone with lung cancer symptoms to go to the doctor or get screened.
- Be considerate of best practices and stigma in messaging.
- Join efforts like LUNG FORCE



RESOURCES

- Screening:
www.lung.org/lcscreening
- Resources to help a lung cancer patient:
www.lung.org/lungcancer
- Get Involved:
www.LUNGFORCE.ORG
- www.lung.org/ffs



LUNG CANCER AWARENESS MONTH

- Share your story
- Record your story
- Spread the word about early detection
- Tell others
- LUNGFORCE.org/barometer

November is Lung Cancer Awareness Month

**ONLY A FORCE
CAN DEFEAT
LUNG CANCER**



Visit LUNGFORCE.org to #ShareYourVoice and get involved

QUESTIONS?

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THANK YOU!

Questions and Answers



- Submit questions via the **chat box**

Contact SCLC for technical assistance

CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.



Visit us online

- <http://smokingcessationleadership.ucsf.edu>

Call us toll-free

- **1-877-509-3786**



American Association for Respiratory Care (AARC)

- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email



Save the date

Our next webinar will be on
January 30, 2017

Registration is coming soon!

CME/CEU Statement

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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Social Workers: This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you are a social worker in another state, you should check with your state board for approval of this credit.

Respiratory Therapists: This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 147265000