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Title

Health system leader views on multi-level interventions to increase lung cancer screening

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Background: Lung cancer is the leading cause of cancer death in the United States. Unfortunately, lung cancer screening (LCS) rates are low, with <10% of eligible individuals undergoing screening. Health system support is needed to raise these rates, but most have provided modest support thus far. As part of a larger research study, we conducted a key-informant interview with leaders of four health systems to learn their views about barriers to and facilitators of LCS.

Methods: Interviews were conducted with leaders from Christiana Care Health System (CCHS), Jefferson Health (JH), Lehigh Valley Health Network (LVHN), and Penn State Health (PSH). Guided by the Consolidated Framework for Implementation Research (CFIR), the research team developed an interview guide to elicit respondent views of provider and patient support interventions designed to increase LCS rates. We audio-recorded each interview and prepared written transcripts. Using NVivo qualitative analysis software, two research coordinators reviewed and coded each transcript independently. The reviewers discussed instances in which there was disagreement about coding and reached consensus.

Results. We completed interviews with 39 of 41 invited health system leaders (CCHS: 7, JH:14, LVHN: 7, PSH: 11) and identified three major response categories: system, provider, and patient. The system category focused on the value of quality metrics (outer domain) and coordinating of intervention implementation (inner domain); the provider category highlighted the need for provider training and incentives (inner domain) and support for practice personnel (individual domain); and the patient category underscored the importance of screening costs (inner domain) and patient outreach (individual and process domains).

Discussion. These findings provide health systems with important insights into obstacles and opportunities related to implementing effective interventions in primary care to increase LCS in diverse populations.

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