

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 7039

Title

Silent, Urgent, Deadly: The Effects of a Patient Outreach Education Program on Shared Decision-making and Lung Cancer

Priority 1 (Research Category)

Patient Education/Adherence

Presenters

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Abstract

Context: Lung cancer screening (LCS) is crucial for early detection and improved survival rates, yet its uptake remains suboptimal. Barriers to LCS include limited/inconsistent EMR identification, competing demands of clinical encounter, and limited patient awareness/support. Comprehensive program development requires the testing of multifactorial solutions, from proper patient identification to implementing the required shared decision-making (SDM) to navigating patients through the screening process. Objective: This study aimed to define the association between an outreach education and LCS guideline eligibility assessment intervention on SDM occurrence on LCS completion. Study Design: This feasibility pilot uses a Hybrid Effectiveness-Implementation Design incorporating mailed, telephone and contacts to facilitate population identification, pre-visit outreach, and decision-support to increase LCS rates in the Primary Care (PC) setting. Setting: 11 PC practices of the Lehigh Valley Health Network in Eastern Pennsylvania. Population: Patients were included in outreach if they 1) were aged 55-80, 2) had a scheduled primary care visit in the forthcoming 2 weeks, 3) were a current or a former smoker and 4) were not receiving treatment for LC symptoms or other conditions that made outreach inappropriate. Intervention: Following an educational mailing to eligible patients, a navigator conducted telephone outreach including eligibility verification, education about screening, smoking cessation and SDM. Liaison sent a memo through the EHR to the PCP, noting eligibility status, prompted to complete SDM at the upcoming visit and provided order codes and instructions. Outcome Measures: completion rates of outreach, eligibility assessment, SDM and LCS. Results: Outreach education and eligibility assessment were associated with a significant increase in SDM occurrence ($p < 0.0001$) and LCS completion ($p < 0.0001$). Age, race, ethnicity, and county were significant predictors for SDM, while county was a significant predictor for LCS completion. The intervention significantly increased both SDM occurrence and LCS completion. Conclusion: Findings suggest that patient outreach as part of a centralized PC-based LCS intervention provides the opportunity for improved support in population identification. This study

highlights the importance of clinician and patient support via structured outreach and eligibility assessment interventions in improving SDM and LCS completion.

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