Lung Health: Screening & Cessation

"…identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system."

PROBLEM STATEMENT:
Tobacco use is the third leading risk factor for death and disability in Washington state, with lung cancer being a major cause of mortality.[i] Early detection through lung cancer screening results in a 98% survival chance at 20 years[ii], but only 14.1% of high-risk Washingtonians are adequately screened for lung cancer, placing the state 26th nationwide in screening rates for high-risk individuals.[iii] The chances of surviving lung cancer greatly increases by stage of diagnosis; while over 50% of diagnoses occur once the cancer has spread, those diagnosed before it has spread have a significantly higher chance of survival.[iv] Some folks are less likely to receive adequate lung cancer screening including those who identify as Black or Hispanic.[v] Additionally, smoking-related health care costs in Washington amount to $2.8 billion annually, with $2.2 billion lost in productivity each year.[vi] While e-cigarette use is not currently a qualifying factor for lung cancer screening, many individuals use both and current e-cigarette users are 21% less likely to have undergone lung cancer screening (LCS).[vii]
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
☒VARIATION IN CARE ☒ SAFETY CONCERNS ☒HIGH COST AND POOR OUTCOMES ☒EQUITY CONCERNS
PROPOSED SCOPE:
Scope: Promoting evidence-based lung cancer screening guidelines, standardizing interventions to capture patient smoking history[viii], increasing engagement in annual screenings, payor policies to facilitate annual screening and smoking cessation, special considerations for impacts of e-cigarettes, review MA/RI policies Out of scope: exposure to radon, air pollution, and risk for lung cancer among non-smokers, incidental nodules
EVIDENCE-BASED IMPACT STRATEGY:
Clinicians/Care Teams: Accurate smoking history documentation, Identifying and completing screening of high-risk patients, annual CT LCS, tobacco cessation medication and behavior management. *Delivery Systems:* Track and follow up with patients eligible for LCS, patient & provider education, QI initiatives to increase lung cancer screening targeted to populations at higher risk. *Plans:* Coverage of tobacco cessation products, screening, and diagnostic f/u; Track patients for completion of LCS; Provide education for those at risk; Use LCS as a quality indicator in contracting *Purchasers:* Review coverage, provide employee benefits for smoking cessation or not smoking,
AVAILABLE DATA FOR MONITORING AND EVALUATION:
American Lung Association's State Report: rate of new cases, early diagnosis, surgical treatment, lack of treatment and screening. Objectives from cancer action plan of Washington Coalition and Washington State Cancer Registry; Tobacco Cessation quality measure for MY 2026[ix]
POTENTIAL PARTNERS:
Cancer action plan of Washington Coalition, American Lung Association of Washington, VMMC, Fred Hutch, Lung Cancer Policy Network
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
The Bree can develop guidelines aimed at improving the collection of smoking histories, increasing comprehensive LCS rates and reduce disparities between groups, build infrastructure to track and follow folks with positive screens, ensuring proper follow-up, and enhancing coverage for tobacco cessation. This will make these crucial health services more accessible and effective to support the improvement of Washington state's lung cancer rankings, reduce the harm and costs associated with cancer, and save lives!

[i] Institute for Metrics and Evaluation (n.d.). *United States of America - Washington*. Retrieved August 22, 2024, from https://www.healthdata.org/research-analysis/health-by-location/profiles/united-states-washington

[ii] Henschke, C. I. et al. (2023). *A 20-year Follow-up of the International Early Lung Cancer Action Program (I-ELCAP)*. *Radiology, 309*(2), e231988. https://doi.org/10.1148/radiol.231988

[iii] American Lung Association (n.d.). Washington. State of Lung Cancer. Retrieved August 22, 2024, from https://www.lung.org/research/state-of-lung-cancer/states/washington

[iv] National Cancer Institute. (n.d.). Cancer stat facts: Lung and bronchus cancer. SEER. Retrieved August 29, 2024, from https://seer.cancer.gov/statfacts/html/lungb.html

[v] Silvestri GA, Goldman L, Tanner NT, Burleson J, Gould M, Kazerooni EA, Mazzone PJ, Rivera MP, Doria-Rose VP, Rosenthal LS, Simanowith M, Smith RA, Fedewa S. Outcomes From More Than 1 Million People Screened for Lung Cancer With Low-Dose CT Imaging. Chest. 2023 Jul;164(1):241-251. doi: 10.1016/j.chest.2023.02.003. Epub 2023 Feb 10. PMID: 36773935; PMCID: PMC10331628.

[vi] Washington State Department of Health. (n.d.). Quick facts about tobacco use in Washington State. Retrieved August 22, 2024, from https://doh.wa.gov/data-statistical-reports/health-behaviors/tobacco

[vii] Wang Q, Jiang C, Hsu ML, et al. E-Cigarette Use and Lung Cancer Screening Uptake. JAMA Netw Open. 2024;7(7):e2419648. doi:10.1001/jamanetworkopen.2024.19648

[viii] Peterson E, Harris K, Farjah F, Akinsoto N, Marcotte LM. Improving smoking history documentation in the electronic health record for lung cancer risk assessment and screening in primary care: A case study. Healthc (Amst). 2021 Dec;9(4):100578. doi: 10.1016/j.hjdsi.2021.100578. Epub 2021 Aug 24. PMID: 34450358; PMCID: PMC9553290.

[ix] Kolinski, Becky. "Tobacco Cessation HEDIS Measure Planned for MY 2026." National Committee for Quality Assurance (NCQA), 12 June 2025, www.ncqa.org/blog/tobacco-cessation-hedis-measure-planned-for-my-2026/