



Lung Health: Screening, Cessation and E-Cigarettes

“...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 Only 4.9% of high-risk Washingtonians are screened for lung cancer, placing the state 26th nationwide in screening rates for high-risk individuals.ⁱⁱ 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 an over 7 times higher chance of survival.ⁱⁱⁱ Additionally, smoking-related health care costs in Washington amount to \$2.8 billion annually, with \$2.2 billion lost in productivity each year.^{iv} While e-cigarette use is not currently a qualifying factor for lung cancer screening, many individuals use both and a July 2024 study revealed that current e-cigarette users are 21% less likely to have undergone lung cancer screening (LCS).^v

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

VARIATION IN CARE

SAFETY CONCERNS

HIGH COST AND POOR OUTCOMES

EQUITY CONCERNS

PROPOSED SCOPE:

Scope: identifying interventions to increase capturing patient smoking history^{vi}, and offering and completing LCS; coverage for LCS, necessary follow-up and cessation products; promotion and resources for tobacco cessation; special consideration of impacts of e-cigarettes.

Out of scope: exposure to radon, air pollution, and risk for lung cancer among non-smokers, incidental lung nodules.

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: Documenting smoking history correctly, Identifying and completing screening of high-risk patients, Practice Shared Decision Making, Order annual CT-Scans, Provide tobacco cessation medication and behavior management.

Delivery Systems: Track and follow up with patients eligible for LCS, educate patients on tobacco cessation and lung cancer screening, 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.

Policy: Review Massachusetts policies and practices.

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; NCQA has begun development of a HEDIS® quality measure for lung cancer screening, expected to be developed by the end of 2024.^{vii}

POTENTIAL PARTNERS:

Cancer action plan of Washington Coalition, American Lung Association of Washington, VMMC, Fred Hutch

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

The Bree can develop guidelines aimed at improving the collection of smoking histories, increasing LCS rates, 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 enhance the overall health of Washington residents.

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 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>

ⁱⁱⁱ 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>

^{iv} 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>

^v 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

^{vi} 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.

^{vii} Reynolds, A. (2022, November 15). New Measure Coming for Lung Cancer Screening. Retrieved August 29, 2024, from <https://www.ncqa.org/blog/new-measure-coming-for-lung-cancer-screening/>