Lung Cancer Screening in Maine: Seventh Annual Survey Summary

June 2023

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ACKNOWLEDGEMENTS

The Maine CDC Comprehensive Cancer Control Program and the Maine Lung Cancer Coalition would like to thank the following facilities for their participation in the survey:

Cary Medical Center *(Aroostook)*

Central Maine Healthcare:

- Central Maine Medical Center *(Lewiston)*
- Bridgton Hospital *(Bridgton)*

Covenant Health:

- St. Joseph Hospital *(Bangor)*
- St. Mary's Regional Medical Center *(Lewiston)*

Down East Community Hospital *(Machias)*

MaineGeneral Medical Center:

- Alfond Center for Health *(Augusta)*
- Thayer Center for Health *(Waterville)*

MaineHealth:

- Franklin Memorial Hospital *(Farmington)*
- Lincoln County Health *(Damariscotta)*
- Maine Medical Center *(Portland)*
- Mid-Coast Hospital *(Brunswick)*
- Pen Bay Medical Center *(Rockport)*
- Southern Maine Health Care Center *(Biddeford)*
- Southern Maine Health Care Center *(Sanford)*
- Stephens Memorial Hospital *(Norway)*
- Waldo County General Hospital *(Belfast)*

Mount Desert Island Hospital *(Bar Harbor)*

Northern Light Health:

- Aroostook Medical Center/AR Gould *(Presque Isle)*
- Blue Hill Memorial Hospital *(Blue Hill)*
- Charles A. Dean Hospital *(Greenville)*
- Eastern Maine Medical Center *(Bangor)*
- Inland Hospital *(Waterville)*
- Maine Coast Memorial Hospital *(Ellsworth)*
- Mayo Hospital *(Dover-Foxcroft)*
- Mercy Hospital *(Portland)*
- Sebasticook Valley Hospital *(Pittsfield)*

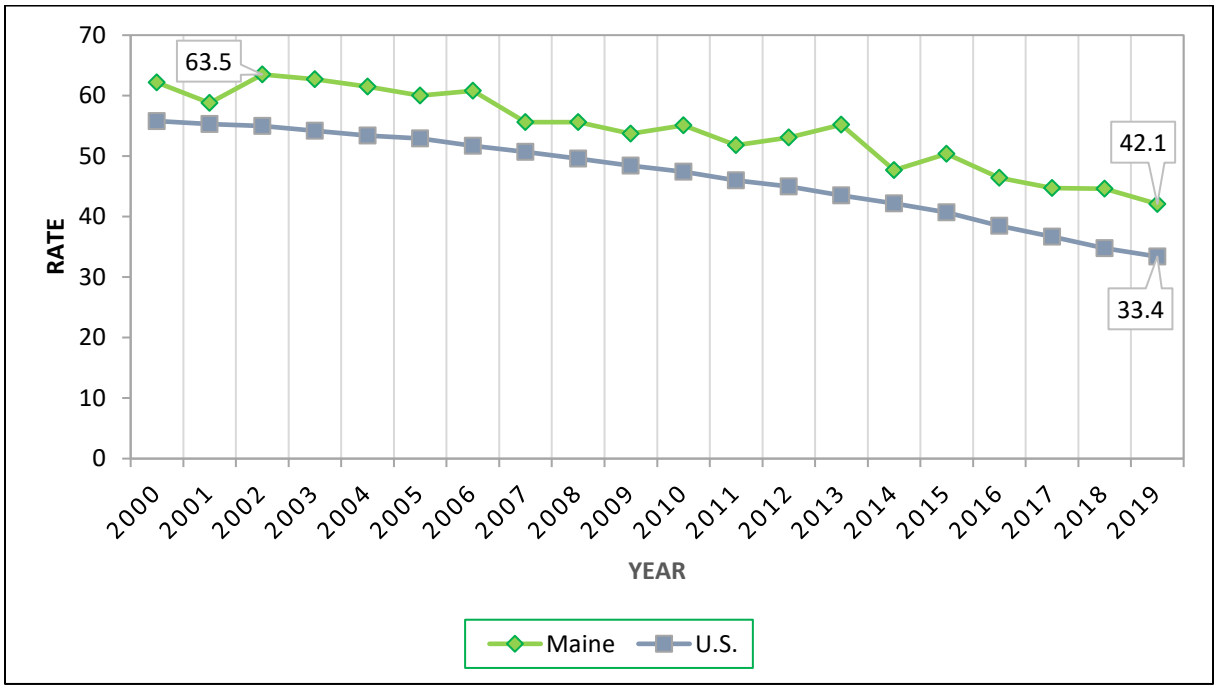
We acknowledge the US Centers for Disease Control and Prevention, for its support of the Maine CDC staff, and the distribution of the document under the cooperative agreement NU58DP007113 awarded to Maine. Its contents are solely the responsibility of the authors and do not necessarily represent the office views of CDC.

INTRODUCTION

This is a summary of the seventh annual Maine lung cancer screening survey. Maine is one of the oldest states in the country; home to approximately 1,350,00 people.[1] In 2019, over 3,400 Mainers' lives were lost to cancer, making it the leading cause of death in Maine.[2] Among these deaths, lung cancer is responsible for nearly a third of the cancer-related mortalities across the state.

Annual rates of cancer deaths in Maine from 2000-2019 indicate deaths from lung cancer have been steadily declining from a high of 63.5 per 100,000 people in 2002 to 42.1 per 100,000 people in 2019.[3] Unfortunately, Maine's lung cancer death rates remain significanly higher than the U.S. rate of 33.4 per 100,000 people (see Figure 1). In 2019, there were 1,458 new cases of lung cancer diagnosed and 897 lung cancer deaths reported in Maine. According to the United States Preventive Service Task Force (USPSTF), lung cancer has a generally poor prognosis, with an overall 5-year survival rate of 20.5%.[4] However, early-stage lung cancer has a better prognosis and is easier to treatment, therefore, increasing screening rates for lung cancer could make an impact on lung cancer-related mortality.

Figure 1. Annual Rates of Lung and Bronchus Cancer Deaths, Maine and U.S., 2000-2019



[1] *Division of Public Health Systems*. Office of Data, Research, and Vital Statistics | ME CDC | Maine DHHS. (n.d.). Retrieved from https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/

[2] *Maine Mortality Report: Ten Most Common Causes of Death 2020*. Augusta, ME: Maine Center for Disease Control and Prevention; July 2022. https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/documents/2020%20Mortality%20Report%20Final%20071722.pdf

[3] U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2021.

[4] US Preventive Services Taskforce. (2021, March 9). *Lung cancer: Screening*. Recommendation: Lung Cancer: Screening | United States Preventive Services Taskforce. Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening

United States Preventive Services Task Force

In December 2013, the U.S. Preventive Services Task Force (USPSTF) issued their recommendation statement on clinical guidelines for lung cancer screening, giving it a grade of B.[5] The Task Force assigns each of its recommendations a letter grade (A, B, C, or D) or issues a statement, based on evidence and on the balance of benefits and harms of the preventive service. A grade of B signifies that the there is a high certainty that the net benefit is moderate to substantial. Therefore, evidence indicates lung cancer screening using low dose computed tomography (LDCT) shows at least a moderate benefit for people who are eligible.

Beginning in 2013, all Affordable Care Act (ACA) compliant health plans were required to cover lung cancer screening, and in most cases, must be 100% covered by the plan. (It is noted, however, that some services associated with the screening may involve out-of-pocket costs.) Under the ACA, cancer screening is considered a preventive service and included under the Act's Minimum Essential Benefits.

Prior to 2013 there were no recommended guidelines for lung cancer screening. The USPSTF regularly reviews current guidelines and completed an updated review of lung cancer screening in March 2021.[6] The current recommendations on clinical lung cancer screening are listed below (see Chart 1). The most notable changes to their 2013 recommendations include lowering the minimum age for screening from 55 to 50, and pack-year smoking history[7] from 30 to 20 years.

Chart 1. United States Preventive Services Task Force Lung Cancer Recommendations, 2021

Population	Recommendation	Grade = B
Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

METHODOLOGY

Lung cancer screening is affected by patient, provider, and health care system variables. The purpose of this survey is to gain insight into what those perceived variables are for Maine and act as an opportunity to observe trends, identify barriers, and understand the roles of lung cancer navigators as they manage

[5] *Final Recommendation Statement: Lung Cancer Screening.* U.S. Preventive Services Task Force. March 2013. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening

[6] US Preventive Services Taskforce. (2021). *Lung cancer: Screening*. Recommendation: Lung Cancer: Screening | United States Preventive Services Taskforce. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening. released in March 2021.

[7] National Cancer Institute. (n.d.). *NCI Dictionary of Cancer terms*. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pack-year

their work. Since 2016, the Maine CDC Comprehensive Cancer Control Program (MCCCP) has conducted an annual survey to assess which facilities in Maine are equipped and trained to provide the recommended LDCT lung cancer screening during the calendar year. Historically, reports have been published with a single year of lung cancer screening data. Due to a brief hiatus, this document summarizes the most recent survey findings for both 2021 and 2022. Beginning with the second annual survey, MCCCP has been collaborating with the Maine Lung Cancer Coalition (MLCC) in developing and distributing the survey. They provide expertise on survey questions and assist with outreach to facilities.

All the surveys have included some core questions such as: where LDCT lung cancer screening is taking place, how many individuals were screened, and perceived disparities. Working in collaboration with MLCC, several questions have been added and removed over the years. (See Appendix A for the 2023 survey tool.) This survey examined: 1) patient demographics, 2) screening practices, 3) number of LDCTs performed in years 2021 and 2022, 4) shared decision-making, 5) screening follow-ups, 6) tobacco counseling, and 7) barriers to care.

The Seventh Annual Lung Cancer Screening Survey was electronically distributed to 34 imaging centers in Maine on March 10, 2023. Prior to dissemination, all facilities were contacted by phone, confirming that LDCT was provided at their location as well as to update contact information. Gentle reminders were emailed to facilities, prompting them to complete their entries by March 24, 2023. At the close of two weeks, the survey yielded a 41.2% response rate, significantly lower than anticipated. Due to the low volume of responses, it was decided to extend the deadline by one week in the hope of capturing additional data. Follow-up phone calls were made offering technical assistance, and the survey closed on March 31, 2023.

SURVEY FINDINGS

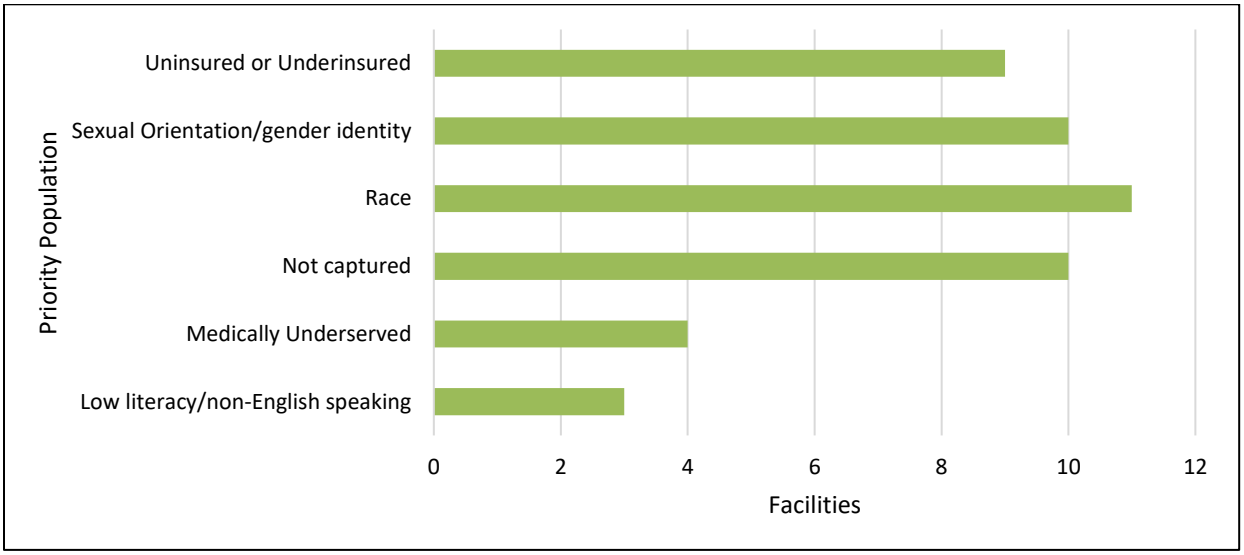
Facilities Providing Lung Cancer Screening

The survey netted a response rate of 73.5% (25 responses). Of these, two participants reported combining data from two of their sites. Throughout the rest of this summary, the information reported will be based on the 25 responses unless otherwise noted. These screening sites cover 14 of the 16 counties in Maine, and towns from Caribou to York. Of these facilities, 22 are currently screening for lung cancer; 14 of which confirmed accreditation for LDCT screening by a professional organization (either the American College of Radiology or the GO2 Foundation for Lung Cancer), while eight answered unaccredited.

Each of the 25 facilities were asked about outreach efforts they make to address populations with disparities. Additionally, the respondents were given the option to select more than one answer. Eleven of the facilities collect data on race, ten gather “sexual orientation/gender identity” information, nine collect data on “uninsured or underinsured” patients, four collect data on “medically underserved” patients, and three collect “low literacy/non-English speaking” data. Ten of the surveyed facilities reported that they don’t collect data on priority populations due to EMR limitations, lack of technical support, and/or staffing (see Figure 2). The remaining three facilities stated they were unsure as to why they don’t collect this data. None of the facilities reported information regarding “incarceration or

institutionalization." This is a vast improvement from the last survey where there was only one facility collecting data on "uninsured or underinsured" individuals.

Figure 2. Addressing Equity through an Electronic Medical Record System (EMR)



Each year there have been facilities unable to provide data on baseline, follow-up screenings, and/or positive screenings, and others are not able to breakdown their data by sex. Therefore, any of the following data are **only estimates** and may not add up properly due to missing data. Table 1 provides the reported number of lung cancer screenings conducted each year over the life of the survey.

Table 1. Lung cancer screening in Maine from 2015-2022

2015	1,129
2016	2,189
2017	3,218
2018	2,719
2019	3,855
2020	5,540
2021	5,820
2022	7,573

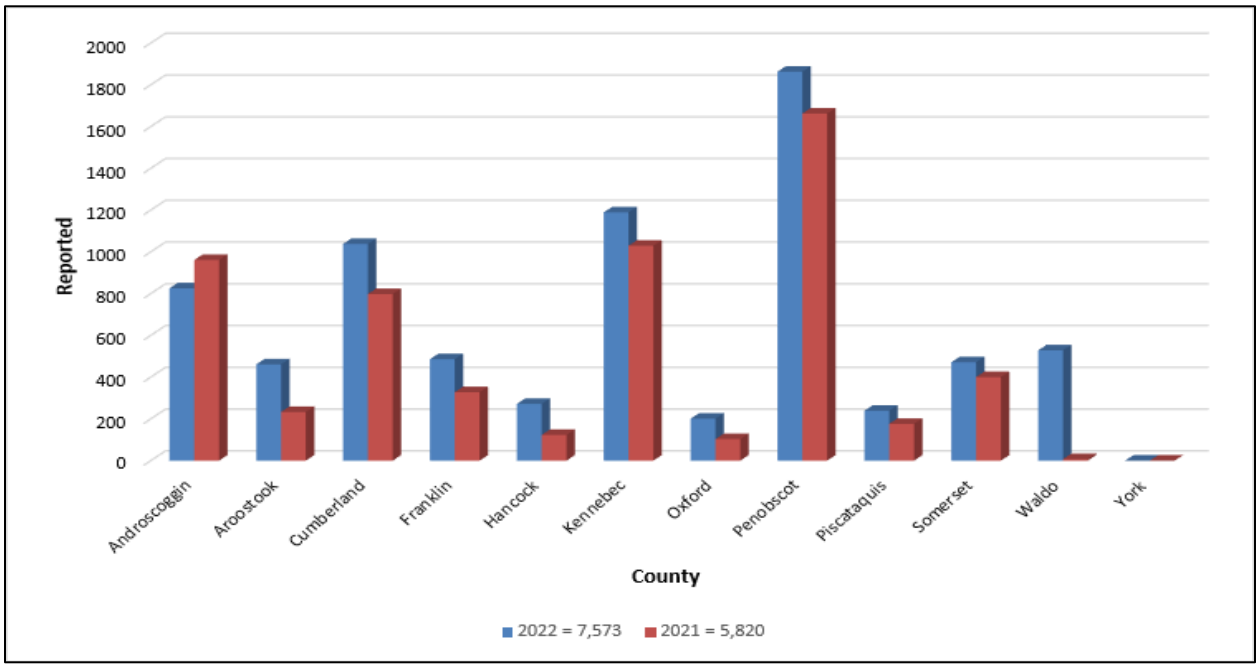
2021 Data

Twenty of the 22 facilities reported 5,820 total baseline screenings in 11 counties during 2021 (see Figure 3). Sixteen of the facilities were able to provide data by sex and reported 2,199 males and 2,066 females were screened for lung cancer. Eighteen facilities reported 3,866 individuals participated in a follow-up screening, fifteen of which were able to provide data on sex and reported 1,494 were male and 1,308 were female. Fourteen facilities reported 114 individuals were diagnosed with lung cancer, 12 of which were able to provide data by sex and reported 64 males and 47 females were diagnosed with lung cancer.

2022 Data

Twenty-one of the 22 facilities reported 7,573 total baseline screenings in 11 counties in 2022 (see Figure 3). Eighteen of these facilities were able to provide data by sex and reported 3,025 males and 2,605 females were screened for lung cancer. Nineteen facilities reported 5,126 individuals participated in a follow-up screening, 16 of those facilities reported 1,975 were male and 1,891 were female. Fourteen facilities reported 150 individuals were diagnosed with lung cancer during 2022, up slightly from 114 in 2021. Twelve facilities were able to provide data by sex and reported 69 males and 72 females were diagnosed with lung cancer.

Figure 3. Approximate Number of Baseline Lung Cancer Screenings, Maine, 2021-2022



Reported Shared Decision-Making as Part of Lung Cancer Screening

Of the 22 facilities currently screening, eight reported that they confirm the patient's lung cancer screening eligibility prior to performing the scan while 14 reported that they do not. Shared decision-making (SDM) with a health care provider should be a part of any evidence-based cancer screening protocol. The Centers for Medicare & Medicaid Services (CMS) require a shared decision-making visit prior to the beneficiary's first lung cancer screening. The beneficiary must meet the eligibility criteria prior to their initial screening to receive lung cancer screening reimbursement. Because of this, many facilities require a SDM visit for any patients they screen for lung cancer regardless of insurance coverage. Ten of the facilities reported requiring a patient to have a SDM visit with a health care provider before being screened for lung cancer while the rest do not. Of those who do require a SDM visit, six facilities reported this happens at the referring provider's office prior to scheduling the scan, three reported this happens at the primary care office prior to scheduling the scan, and one reported it happening with a lung cancer screening navigator. Three replied that SDM visits are conducted by a physician, but the others utilized patient navigators, nurse practitioners, physician assistants, or other medical staff associated with their office or through their lung cancer screening program.

It is noteworthy that decision aids, which are used at the point of referral, were commonly identified as important lung cancer screening tools. Thirteen of the 22 facilities reported providing decision aids or decision support tools to their patients, five reported they do not provide decision aids, and four did not know. Three of the 13 provide handouts or brochures, nine offer printed materials through an electronic medical records (EMR) system, and one program uses the Agency for Healthcare Research and Quality decision tools.

When all 25 facilities were asked about which patient education and counseling resources would be most useful, 18 reported informational brochures, 14 would like a public service announcement, 12 prefer an online decision aid, 11 wanted an informational video to play for their patients, and 10 responses indicated a printed decision aid (respondents were able to choose more than one answer). Fifteen respondents showed interest in telemedicine initiatives such as SDM and/or tobacco treatment visits to improve access to lung cancer screening at their facilities.

Screening and Tobacco Referral

Tobacco treatment is an important aspect of the lung cancer screening process and is part of the SDM visit. Counseling on the importance of tobacco treatment, if a current smoker, and providing information about tobacco interventions for the patient, if appropriate. Of the 22 facilities providing lung cancer screening, 14 reported having a screening protocol that includes a referral to tobacco treatment services, three responded that they do not, and five don't know. When asked about referrals to tobacco treatment services, eight facilities reported that the referral is made by the patient's primary care office, four reported it was made by the screening facility, six responded that a secure email containing Maine QuitLink information is generated through the EMR (respondents were able to choose more than one answer).

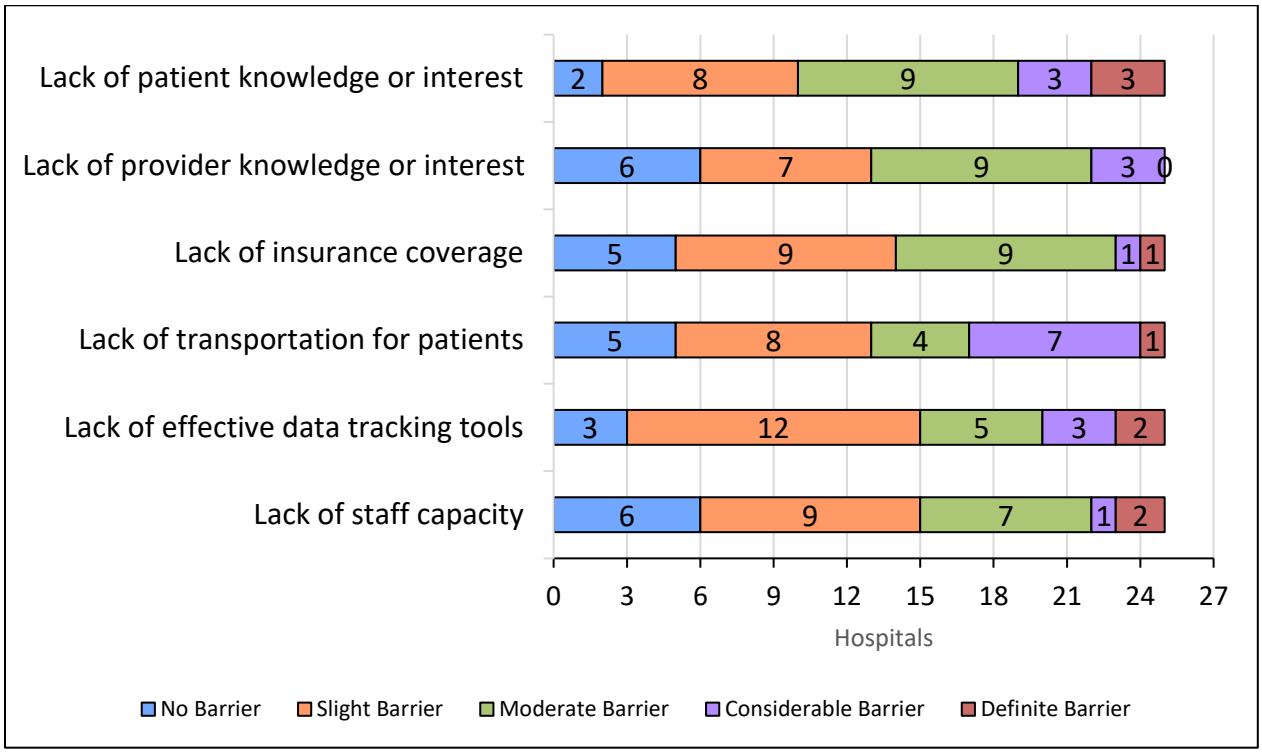
Screening Follow-ups

Each of the 22 facilities were asked if they had strategies in place for coordinating appropriate follow-up for patients who have received a LDCT screening. Seventeen answered "yes," three answered "no," and two responded "don't know." The survey also inquired about whose responsibility it is to coordinate appropriate follow-up for normal or abnormal LDCT scans. For normal scans, 13 facilities indicated it is the responsibility of the referring physician to follow-up with patients, four responded they are done by a facility staff person, and one respondent noted the utilization of a pulmonary nurse practitioner in conjunction with the referring provider. For abnormal scans, 10 facilities reported the referring physician is the person responsible for following-up with patients, seven responded that a facility staff person is responsible, and one facility noted the utilization of a pulmonary nurse practitioner in conjunction with the referring provider. Subsequently, the facilities were asked about the resources they use to coordinate appropriate follow up. Seventeen reported utilizing a patient navigator or a designated staff person up to 40 hours a week to coordinate and manage LDCT screening activities. Eleven facilities reported using commercial software programs (such as LungView or EMR), 12 reported using a dedicated lung cancer screening data registry, and nine reported using an automated patient reminder system. (Thirteen facilities selected two or more answers in this section of the survey.)

Reported Barriers to Providing Lung Cancer Screening Services

The survey employed a Likert Scale to assess the degree to which each barrier to LDCT lung cancer screening was identified as an issue for facilities. Figure 4 reflects the perceived barriers from all 25 surveyed facilities, including those who do not currently provide lung cancer screenings.

Figure 4. Reported Barriers to Lung Cancer Screening, 2021-2022



Overall, it appears more facilities are reporting less barriers in many of the categories. The work that has taken place around lung cancer screening in Maine through the MLCC and other groups like Maine's Impact Cancer Network (the cancer coalition for the state) has helped to reduce the barriers facilities have encountered in the past, but there is still work to be done. In looking at the moderate or higher barriers, "Lack of patient knowledge or interest" continues to rise to the top as it has been rated as a "Definite Barrier" by at least three facilities. Following closely behind, "Lack of transportation" has been identified as a "Considerable Barrier" by at least seven facilities, while one facility confirmed it as a "Definite Barrer." With the USPSTF recently updating their guidelines relating to lung cancer screening, more education around lung cancer is needed.

CONCLUSION

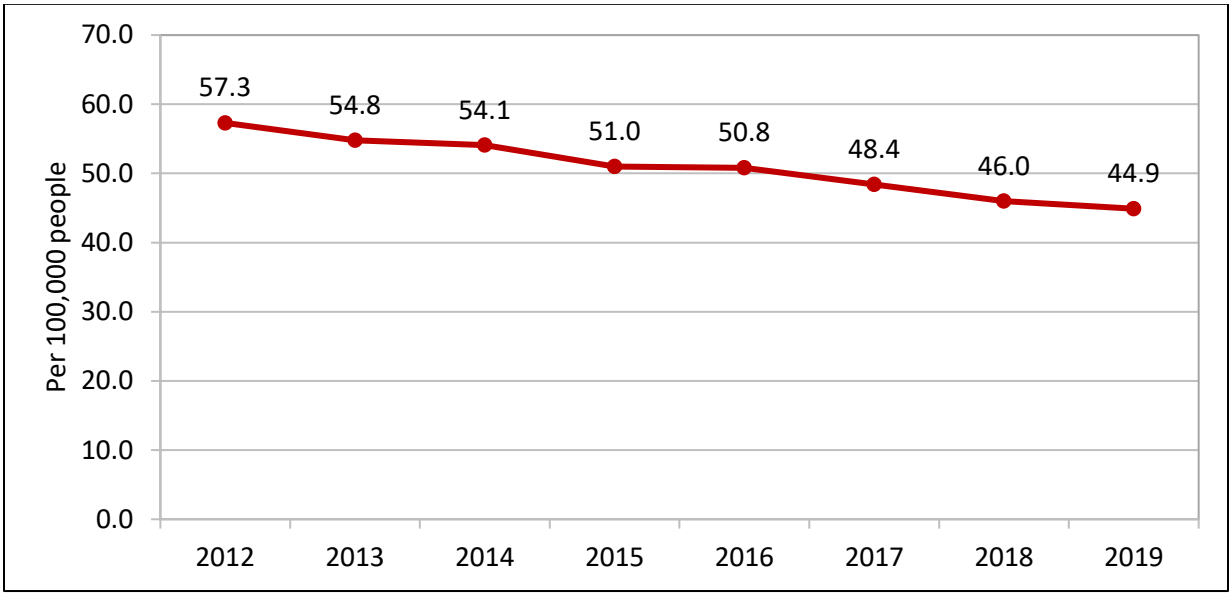
The American Cancer Society estimates there will be 1,550 new lung cancer cases and 870 lung cancer deaths in Maine during 2023.[8] The rates of late-stage lung cancer in Maine have been steadily declining since the USPSTF first recommended using LDCT to screen for lung cancer in 2012 (see Figure 5).[9] The

[8] American Cancer Society. *Cancer Facts & Figures 2023.* Atlanta: American Cancer Society; 2023. Available at: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf

[9] Maine Interactive Health Data. 2023. Maine Center for Disease Control and Prevention. https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml

chances this is solely due to the uptake in screening are slim as relatively few eligible individuals have been screened. Tobacco use has also been decreasing over time and may be what is contributing to this trend.

Figure 5. Annual Rates of Late-Stage Lung Cancer Diagnoses in Maine, 2012-2019



The results from this survey reflect the responses from 25 facilities providing LDCT lung cancer screening in Maine during 2021-2022.

In conjunction with the USPSTF's newly expanded guidelines and hybrid care strategies due to COVID-19, lung cancer screening rates began to significantly increase.[10] That said, the updated lung cancer screening guidelines may improve survival rates by finding lung cancer earlier when treatment may be more successful and leading to continued declines in late-stage lung cancer in the future, decreasing both morbidity and mortality.

[10] Potter AL, Bajaj SS, Yang CJ. *The 2021 USPSTF lung cancer screening guidelines: a new frontier*. The Lancet, 2021; 9(7):689-691. Available at: https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00210-1/fulltext?rss=yes

Appendix A: 2020 MCCCP Lung Cancer Screening: Facility Survey

Lung Cancer Screening Survey – 2023

The Maine CDC Comprehensive Cancer Control Program (MCCCP) in collaboration with the Maine Lung Cancer Coalition (MLCC) has been collecting information from lung cancer screening facilities in Maine since 2016. The information is used to monitor emerging practices, barriers, and services to lung cancer screening in the state.

This survey is asking for information about screening for lung cancer at your facility during the calendar **years 2021 and 2022.** If you did provide lung cancer screening during either or both of those years, having your screening data readily available before you begin may help to expedite the survey.

If your facility is not currently providing lung cancer screening, we would still appreciate your responses to a few of the questions (the survey will skip over the screening questions if done electronically).

The MCCCP continues to collaborate with the MLCC to reduce the number of surveys and questions asked of lung cancer screening facilities. All information from the survey will be shared with both organizations, but identifiable information will not be shared or distributed outside of these two groups.

FACILITY INFORMATION

1. Contact Information

   Your Name: _____

   Facility Name: _____

   Address: _____

   City/town: _____

   Email: _____

   Phone: _____

2. Which of the following best describes your role at your facility?
   - ☐ Doctor/Radiologist
   - ☐ Imaging Department Administration
   - ☐ Lung cancer screening program manager/coordinator
   - ☐ Nurse
   - ☐ Nurse Practitioner
   - ☐ Patient Navigator for Lung Cancer Screening
   - ☐ Physician Assistant
   - ☐ Radiology Technician
   - ☐ Technologist
   - ☐ Other (please specify) _____

3. Please confirm that your facility is currently providing lung cancer screening.
   - ☐ Yes
   - ☐ No (If your answer is "No," please skip to question 33 on page 7.)

4. Since 2020, has your facility made an effort to address equity by capturing any of the following information in your electronic medical records? (Check all that apply)
   - ☐ Uninsured or underinsured
   - ☐ Incarcerated or institutionalized
   - ☐ Medically underserved
   - ☐ Race
   - ☐ Sexual orientation/gender identity
   - ☐ Low literacy/non-English speaking
   - ☐ Our facility does not currently collect data on any priority populations
   - ☐ Other – please specify

5. What are the barriers to collecting priority population information at your facility?

REPORTING LUNG CANCER SCREENING

6. Is your facility accredited for LDCT screening by any professional organization(s)?
   - ☐ Yes
   - ☐ No (If your answer is "No," please skip to question 10)
   - ☐ Don't know (If your answer is "Don't know," please skip to question 10)

7. Which professional organization(s) is your LDCT screening program accredited by? (Please select any that apply.)
   - ☐ American College of Radiology
   - ☐ GO2 Foundation for Lung Cancer (Screening Center of Excellence)
   - ☐ Don't know
   - ☐ Other (please specify)

     _____

8. Does your facility submit data to the American College of Radiology Lung Cancer Screening Registry?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

9. Please describe any barriers your facility faces in submitting lung cancer screening data.

SCREENING DATA AT YOUR FACILITY

Please provide the data from your facility for the questions below to the best of your ability (even if this means making a good faith estimate).

10. How many years has your facility been providing lung cancer screening? _____

11. In **2021**, how many **baseline screening** LDCTs were performed at your facility? (NOTE: do not include 6-month follow-up LDCTs performed in response to an abnormal finding on a screening CT.)
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

12. During **2022**, how many **baseline screening** LDCTs were performed at your facility? (NOTE: do not include 6-month follow-up LDCTs performed in response to an abnormal finding on a screening CT.)
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

13. In **2021**, how many **annual follow-up screening** LDCTs were performed at your facility? (NOTE: do not include 6-month follow-up LDCTs performed in response to an abnormal finding on a screening CT.)
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

14. During **2022**, how many **annual follow-up screening** LDCTs were performed at your facility? (NOTE: do not include 6-month follow-up LDCTs performed in response to an abnormal finding on a screening CT.)
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

15. In **2021**, how many screening LDCTs resulted in a **lung cancer diagnosis** at your facility?
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

16. During **2022**, how many screening LDCTs resulted in a **lung cancer diagnosis** at your facility?
    - ☐ Total _____
    - ☐ Males _____
    - ☐ Females _____

SHARED DECISION-MAKING

Please answer the following questions about your facility's protocols for shared decision-making.

17. Does your facility utilize a Patient Navigator to coordinate and manage LDCT screening activities (e.g., determination of screening eligibility, shared decision-making counseling, scheduling, and follow-up)?
    - ☐ Yes
    - ☐ No (If your answer is "No," please skip to question 19.)
    - ☐ Don't know (If your answer is "Don't know," please skip to question 19.)

18. Please estimate the number of hours per week this person is paid to be a lung cancer screening navigator. _____

19. Does your facility confirm whether patients who are referred for LDCT screening meet eligibility criteria before screening is performed?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

20. Does your facility require a patient to have a shared decision-making visit with a health care provider before being screened for lung cancer?
    - ☐ Yes
    - ☐ No (If your answer is "No," skip to question 23)
    - ☐ Don't know (If your answer is "Don't know," skip to question 23)

21. When does the SDM visit occur?
    - ☐ At primary care office prior to scheduling scan
    - ☐ At lung cancer screening program prior to scheduling scan
    - ☐ At lung cancer screening program at the time of the scan
    - ☐ Other (please specify) _____

22. At your facility, which health care provider has primary responsibility for conducting the shared decision-making visit with the patient?
    - ☐ Referring physician
    - ☐ Physician affiliated with the institution's LDCT screening program
    - ☐ Nurse practitioner affiliated with the institution's LDCT screening program
    - ☐ Patient Navigator
    - ☐ Other (please specify) _____

23. Does your facility provide any type of "decision aid" or decision support tool (e.g., written material, software, or web-based program) to patients to help them decide about LDCT screening?
    - ☐ Yes
    - ☐ No (If your answer is "No," please skip to question 25.)
    - ☐ Don't know (If your answer is "Don't know," please skip to question 25.)

24. What decision aid(s) or decision support tool(s) do you use?

25. Which of the following patient education and counseling resources would be most useful to your facility to help patients understand the benefits and risks of lung cancer screening? (Please pick top 3 choices.)
    - ☐ Informational brochure
    - ☐ Informational video
    - ☐ Print decision aid
    - ☐ Online decision aid
    - ☐ Public service announcement
    - ☐ Other (please specify)_____

26. Would your facility be interested in participating in telemedicine initiatives such as a shared decision making and/or tobacco treatment visits to improve access to lung cancer screening at your facility?
    - ☐ Yes
    - ☐ No
    - ☐ Shared decision making only
    - ☐ Tobacco treatment only

SCREENING AND TOBACCO REFERRAL

Please answer the following questions about lung cancer screening and patient referrals to tobacco treatment at your facility.

27. If people who smoke are screened for lung cancer, does the screening protocol at your facility include a referral to tobacco treatment services?
    - ☐ Yes
    - ☐ No (If your answer is "No," please skip to question 29.)
    - ☐ Don't know (If your answer is "Don't know," please skip to question 29.)

28. Who at your facility refers screened patients who currently smoke to tobacco treatment services? (check all that apply)
    - ☐ Primary care office
    - ☐ Screening facility
    - ☐ Don't know
    - ☐ Other (please specify) _____

SCREENING FOLLOW-UP

29. Does your facility have strategies in place for coordinating appropriate follow-up for patients who have received LDCT screening?
    - ☐ Yes
    - ☐ No
    - ☐ Don't know

30. Which of the following resources does your facility use to coordinate appropriate follow-up for patients who have received LDCT screening? (Please select all that apply.)
    - ☐ Designated staff person (e.g., nurse, medical assistant, patient navigator)
    - ☐ Commercial software program (e.g., LungView) or electronic health record (EHR) tool (e.g., Epic Radiant)
    - ☐ Dedicated lung cancer screening data registry
    - ☐ Automated (electronic) patient reminder system
    - ☐ Other (please specify): _____
    - ☐ None
    - ☐ Don't know

31. Who at your facility has **primary** responsibility for coordinating appropriate follow-up for patients with **normal** LDCT scan results?
    - ☐ Referring physician (e.g., primary care physician)
    - ☐ Facility staff person (e.g., physician, nurse, medical assistant, patient navigator)
    - ☐ Other (please specify): _____
    - ☐ Don't know

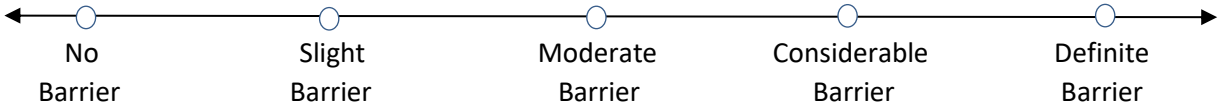
32. Who at your facility has **primary** responsibility for coordinating appropriate follow-up for patients with **abnormal** LDCT scan results?
    - ☐ Referring physician (e.g., primary care physician)
    - ☐ Facility staff person (e.g., physician, nurse, medical assistant, patient navigator)
    - ☐ Other (please specify): _____
    - ☐ Don't know

FINAL QUESTIONS

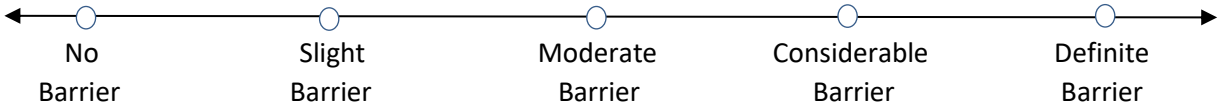
There are barriers to lung cancer screening that may preclude your facility from being able to provide lung cancer screening. On the other hand, if your facility is providing lung cancer screening, there can still be barriers that make the work challenging. Whichever category your facility falls into, please provide answers to the following topics on barriers to lung cancer screening from your facility's perspective.

33. In your/your facility's opinion, what are the greatest barriers to lung cancer screening at your facility, and the degree to which each is a barrier?

Lack of patient knowledge or interest in screening

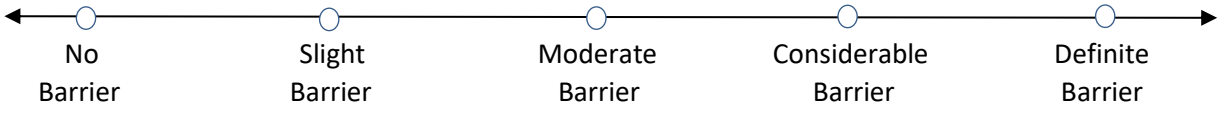


Lack of provider knowledge or interest in screening

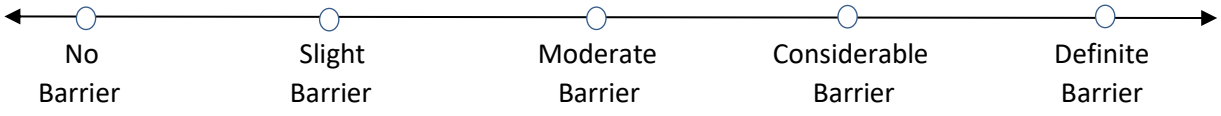


Lack of insurance coverage for patients

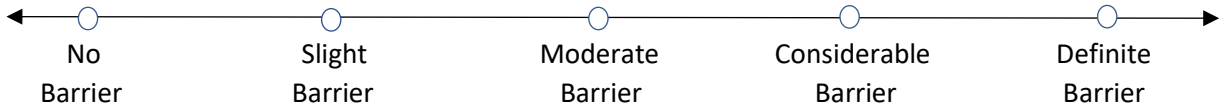
Lack of transportation for patients



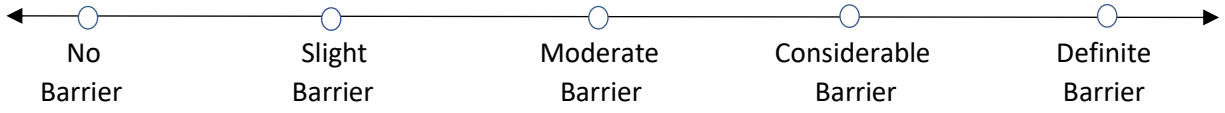
Lack of efficient/effective data tracking tools



Lack of staff capacity at your facility



Other (please specify) _____



34. Is there anything you would like to add?

Thank you for participating in the survey!