

Identifying QI Targets for Lung Cancer Screening among the VA Clinic Patients Treated by Residents

Alla Turshudzhyan, D.O., Robert Nardino, M.D.



INTRODUCTION & METHODS

Lung cancer is the second most common cancer in the US. The USPSTF recommends annual screening with low dose computer tomography (LDCT) in patients aged 55 to 80 years, who are current smokers or have quit within the past 15 years and have a 30 pack-year smoking history. Screening veterans is especially important, as they tend to have a higher prevalence of lung cancer in part from greater exposure to toxic substances during military service. In both civilian and veteran populations, screening for lung cancer has shown to reduce mortality. Successful screening depends on physician ordering and patient follow through. The lung cancer screening goal described in the National Lung Screening Trial (NLST) has been set at 95%.

We performed a retrospective data review of lung cancer screening in patients of UCONN Internal Medicine residents acting as primary care providers at a Veterans Affairs (VA) clinic in Newington, CT, USA.

RESULTS

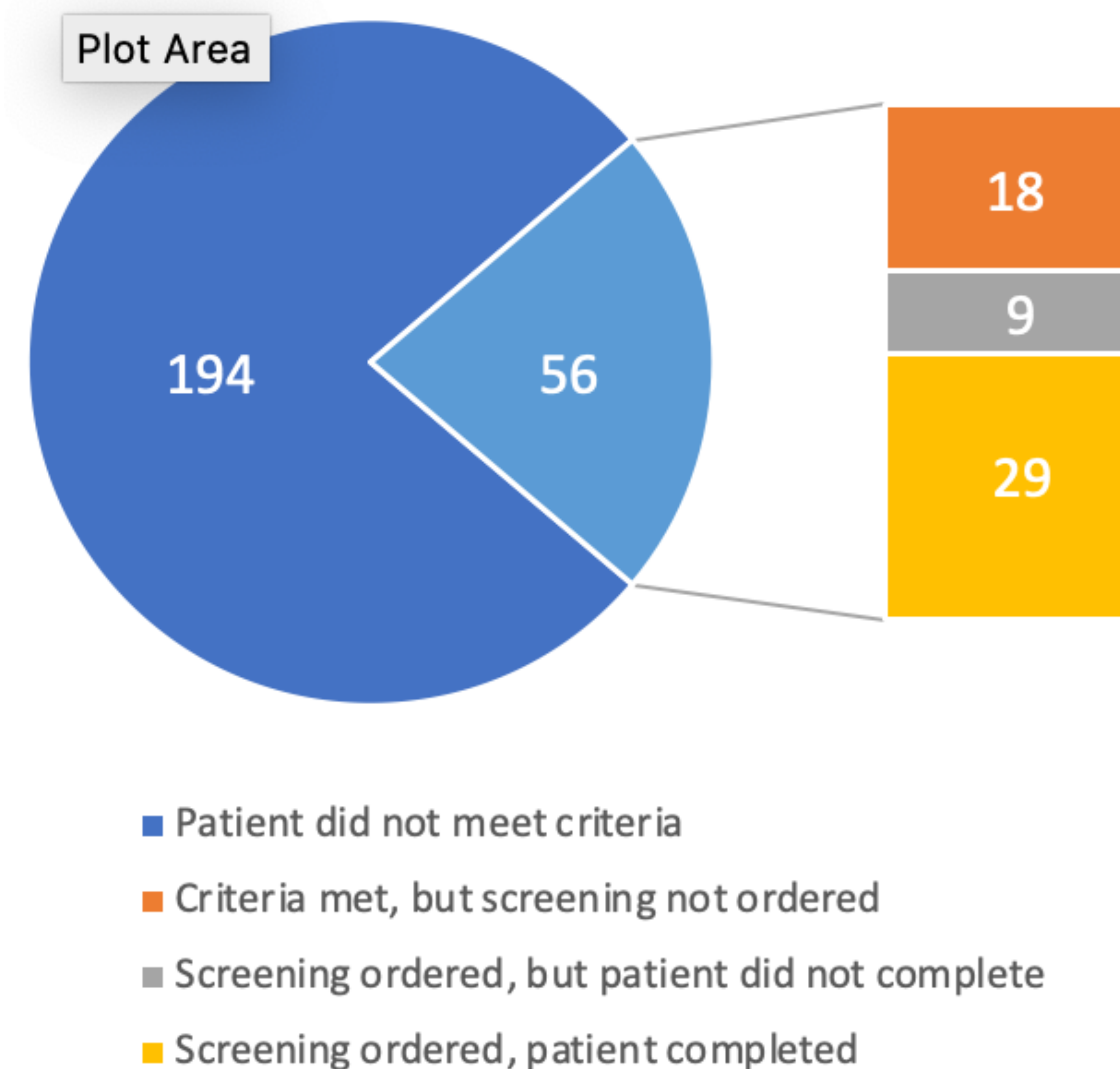


Fig.1.: 250 patients were reviewed: 56 patients (22.4%) met the criteria for lung cancer screening among whom 38 patients (15.2%) had LDCT ordered by the resident. The residents' adherence to guidelines was 68%. Of 38 patients with LDCT ordered, 29 completed the study, while 9 patients missed their appointments. As a result, only 51.8% of patients who met the criteria were screened for lung cancer.

CONCLUSIONS

Adherence to USPSTF guidelines in the resident clinic is a result of both residents ordering screening tests and patients following through with the study. Examining this will be one of our QI targets, although we theorize a lack of familiarity with best practice alerts early in the training plays a role. Patients often did not follow through with their screening study. This is likely multifactorial, although we recognize residents would benefit from training on how to effectively communicate screening recommendations. Finally, quality improvement often focuses on the failure mode analysis; however, in this case, it may also be instructive to learn what factors contributed to the successful completion of LDCT in the screened group.