

NAPCRG 2021 Conference Abstract for TEALS

(Poster Presentation on Research in Progress)

Title: Tribally Engaged Approaches to Lung Screening (TEALS) Study – Year 2 Pilot

Authors: Zsolt Nagykaldi, PhD; Mark Doescher, MD; Dorothy Rhoades, MD, MPH; Kathleen Dwyer, PhD, RN; Ann Chou, PhD, MPH; Brook McCann, RN

University of Oklahoma Health Sciences Center, Department of Family Medicine
University of Oklahoma Health Sciences Center, Department of Internal Medicine
University of Oklahoma Health Sciences Center, College of Nursing
University of Oklahoma Health Sciences Center, Department of Biostatistics and Epidemiology
Choctaw Nation Health Services Authority

Corresponding Author: Zsolt Nagykaldi, PhD (znagykal@ouhsc.edu)

Context: Lung cancer is the leading cause of cancer mortality among American Indians and Alaska Natives (AI/AN), and AI/AN have worse lung cancer incidence rates, survival, and death compared to the general population. Although lung cancer screening (LCS) with low-dose computed tomography is a grade-B USPSTF recommendation, uptake of LCS has been slow in most healthcare systems. LCS implementation among AI/AN has not been studied before in detail.

Objective: To address this knowledge and implementation gap, we initiated a multi-phase, 5-year “Tribally Engaged Approaches to Lung Screening” (TEALS) study in 2019 to co-design and test a tribal community-engaged LCS implementation program.

Setting: TEALS will be conducted in 8 primary care centers of the Choctaw Nation Health Services Authority (CNHSA) in Southeast Oklahoma using a Community-Engaged Research (CEnR) approach.

Study Design: In Year 2 of TEALS, we initiated a pre-post pilot implementation study in 2 CNHSA health centers to prepare for a subsequent RCT.

Population Studied: AI patients (N=100), who meet LCS criteria and clinicians/staff/leadership (N~20) from all CNHSA primary care centers.

Intervention: Two CNHSA practices received EHR reminders for LCS and access to smoking cessation services, in addition to care system improvements, including an LCS Care Coordinator, quality benchmarking and feedback, academic detailing, practice facilitation, and technical support.

Outcomes: Changes in LCS care pathways and care delivery (primary), patient morbidity profile and care experiences (secondary/patient-level), and practice LCS care system improvements (secondary/practice-level).

Results: By the end of Year 2, our team will have implemented and evaluated a pilot LCS program in 2 CNHSA health centers. Many lessons will have been learned regarding major barriers and some solutions arising from the implementation and from the COVID-19 pandemic.

Future Steps: Initiation of a CHNSA-wide RCT in Years 3 & 4.

Poster's Learning Objectives:

First Objective: Translate emerging evidence into practice by designing and pilot testing a low-dose CT lung cancer screening (LCS) program in tribal communities.

Second Objective: Demonstrate planning and implementation of an LCS program in rurally located tribal communities and identify barriers and facilitators of implementing an LCS program.

Third Objective: Discuss how a community-wide LCS program can be implemented despite major challenges due to the COVID-19 pandemic.