

# SYNERGY REPORT

SPRING 2015 NEWSLETTER

## Primary Care at Forefront of New CT Lung Screening Guidelines

*Patient eligibility requires counseling, shared decision making and written orders*

Low-dose CT (LDCT) screening for lung cancer is a covered service under new Centers for Medicare and Medicaid Services (CMS) guidance issued in February 2015. The CMS guidance means a significant segment of current and former smokers are eligible for CT lung screening through Medicare with no copayments. Private insurers are expected to follow suit as plan contracts come up for renewal.

CMS coverage guidance details specific compliance criteria that both imaging facilities and primary care providers must meet. However, with an estimated 8.7 million individuals eligible for preventive CT lung screening, primary care providers are on the front lines of efforts to identify, qualify and counsel eligible patients.

Some primary care providers, especially those participating in the CMS Comprehensive Primary Care Initiative, have a detailed patient eligibility process in place and are already referring patients for CT lung screening. However, a recent survey in *Cancer Epidemiology, Biomarkers and Prevention* found that primary care providers are often unaware of current guidelines on CT lung cancer screening, ordering few scans for their at-risk patients and even screening with chest X-ray instead of the recommended low-dose CT.

SRA is currently reviewing procedures within our group and among the facilities we serve. We're also preparing to assist primary care providers with implementing CMS requirements for referring patients to our network of facilities for CT Lung screening.



### *In this issue*

**New Low-dose CT lung screening guidelines impact primary care**

**Terence O'Connor, M.D., and IR team at Memorial Hermann Katy Hospital are "patient safety champions"**

**Cycling radiologist David Lawrence, M.D.**

**RBMA recognizes Synergy Radiology for its social media campaign**

**Unsung Hero: inspiring story of Clinical Nurse Coordinator Heidi Lofton**

*continued on inside*

**SYNERGYRAD.ORG**

## New CT Lung Screening Guidelines (cont.)

**According to the official CMS determination memo, patients must meet the following eligibility criteria:**

- Age 55 – 77 years
- Asymptomatic (no signs or symptoms of lung cancer)
- Current smoker or one who has quit smoking within the last 15 years
- At least a 30 pack-year history of smoking. (One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
- Obtain a written order from the primary care provider for LDCT lung cancer screening that meets the following criteria:
  - The written LDCT lung cancer screening order must be provided during a lung cancer screening counseling and shared decision making visit and be furnished by a physician or qualified non-physician practitioner. This visit must include:
    - Shared decision making, including the use of one or more decision aids that include information about the benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate and total radiation exposure
    - Counseling on the importance of annual LDCT lung cancer screenings
    - Smoking abstinence or smoking cessation counseling

**Written orders from primary care for both initial and subsequent LDCT lung cancer screenings must contain:**

- Patient date of birth
- Actual pack-year smoking history
- Current smoking status (for former smokers, the number of years since quitting smoking)
- Statement that the beneficiary is asymptomatic
- National Provider Identifier (NPI) of the ordering practitioner

Three major milestones have led to the recent decision to cover LDCT lung cancer screening:

- 1 In December 2013, annual preventive LDCT scans were awarded a grade 'B' recommendation by the United States Preventive Services Task Force (USPSTF). This rating applied to current tobacco smokers ages 55 to 80 with at least a 30 pack-year history of smoking, or former smokers who stopped smoking within the past 15 years. However, the USPSTF guidance expressed strong concerns about false positives, and it was not adopted by CMS or private insurance carriers.
- 2 The patient protection and affordable care act (PPACA) mandated that private insurance subject to PPACA preventive care requirements receive CT lung screening coverage starting in 2015; however, the provisions did not extend to Medicare. With the February 2015 CMS CT lung screening decision, coverage has now been extended to high-risk (current and former smokers) Medicare and Medicaid patients aged 55 to 77.
- 3 The primary driver behind the recent CMS decision to cover CT lung screening was the landmark National Lung Screening Trial (NLST), which reported a 20 percent decrease in lung cancer mortality and a 6.7 percent overall mortality reduction in a high-risk group of current and former smokers screened annually for two years with LDCT. Completed in 2010, published trial results in subsequent years led to updated reviews of current evidence by professional medical societies, the USPSTF and CMS.

Lung cancer is the leading cause of cancer deaths in the U.S., accounting for about 160,000 annual deaths. That's as many as breast, prostate, colon, and pancreas combined, and cigarette smoking remains the major cause of lung cancer. While stopping smoking – or never starting in the first place – is the best lung cancer prevention, LDCT lung screening presents a powerful new way to detect lung cancer in its earliest, most treatable stages.

The National Cancer Institute SEER Statistics Review reports that most lung cancer patients (70 percent) are not diagnosed until stage III or IV, and five-year survival rates are only 16.8 percent. By contrast, the five-year survival for localized (stage 1) lung and bronchus cancer is 54 percent. The new CT lung screening guidelines present a strong opportunity to further reduce the risk of death from lung cancer. LDCT lung scans involve no contrast, with only about 1/6 the radiation of a conventional chest CT. The test itself takes less than five minutes.

*In the coming months, we'll be providing further updates on our CT lung screening preparations and providing additional information to referring practices. For more information or questions about SRA CT lung screening, please contact us at (713) 621-1103. We also recommend these resources: a lung cancer screening decision aid created by the University of Michigan available online at [www.shouldiscreen.com](http://www.shouldiscreen.com), which includes a pack-year calculator; and an American College of Radiology resources page at [www.acr.org/Quality-Safety/Resources/Lung-Imaging-Resources](http://www.acr.org/Quality-Safety/Resources/Lung-Imaging-Resources) *



# UNsung HEROES

Heidi Lofton: It's all about family



## Heidi Lofton

For Heidi Lofton, Clinical Nurse Coordinator (specializing in radiology) and a Lead IR Nurse at SRA, it's all about family. It's not about her tenure at SRA, her professional accomplishments, or her military service. For Heidi, the foundation of her success and her ability to manage it all is family and faith.

While working at Memorial Hermann several years ago, Heidi became aware that SRA radiologist Faraz Khan, M.D., was looking for a nurse to assist with his IR procedures.

"I wasn't actively looking for a job," said Lofton. "I was just kind of asking around and seeing what was out there. I believe God puts you where he wants you to be, because that was not an advertised position."

Heidi accepted, and in doing so, became the first non-radiologist clinical employee hired by SRA. Under the direction of Dr. Khan, she helped establish SRA's interventional radiology nurse program. Her responsibility now includes training other IR nurses to help provide patient care and support for various diagnostic, vascular and therapeutic IR procedures, including PICC line and port-a-cath placement, tumor treatment and steroid injections.

As Heidi celebrates her 10-year work anniversary at SRA, she's not taking it easy. She graduates in May from Prairie View A&M University with an MSN to gain her credentials as a Nurse Practitioner. And if that's not enough, she will soon earn her promotion to Lt. Colonel in the Air Force Reserves.

Heidi's military story began at Abilene Christian University when a recruiter passed her in the hallway and asked if she ever thought about being in the military. She joined the Air Force in 1997, transferred to the reserves in 1999 and has been active in the reserves ever since, serving one weekend per month and two weeks per year.

A commissioned officer with the rank of Major, Heidi is attached to the 301st Fighter Wing based at the Naval Air Station Joint Reserve Base in Fort Worth. Her Lt. Colonel promotion takes effect in May. What Heidi loves most about her military service is her impact as a nurse.

"I think of a spear, and the tip of the spear as our front-line military forces, including pilots, troops on the ground and others in dangerous positions," explained Lofton. "Everyone else makes up the shaft of the spear, and the medical care we provide to the tip of that spear is what helps make the U.S. military strong. We send out healthy people, and we have medics and other support staff who travel with them to make sure they stay healthy and get the best care."

Heidi currently runs an immunization program for her wing, which is responsible for vaccinating about 2,500 to 3,000 reservists each year. She has previously run a med tech skills lab for EMTs and paramedics as well as an officer evaluation program.

When asked about how she manages the military-mom-wife-career balance, Heidi says it all comes down to family support, which includes her two daughters and her husband along with her brothers, sisters and other family members.

"When the kids were younger, my husband, mom or sister – even my brother a couple of times – would come to my reserve duty so my children could be with me over the weekend," said Lofton. "Once they were older, my family would help by staying with the kids at home."

As a nurse, Heidi says dealing with patients is the most rewarding part of working with radiologists.

"It's the patient interaction. I get to deal with and work with the whole person and his or her family," observed Lofton. "I go in and talk to the family and the patient, and I'll talk to them as long as they need. I'll even talk to other family members on the phone. That's the difference I can make for the patient, the radiologist and the hospital the radiologist works for. I know the doctors don't have time to do that, and they don't have to have a nurse, but they choose to. It really makes a big difference for the patient."

Heidi sometimes calls IR "the forgotten specialty" because so many people don't realize what it is, and many of the procedures are very unfamiliar to patients.

"I can help explain and ease some of the fear that patients have. It's not just 'sign this consent form and have a nice day,'" Lofton explained. "We have three IR nurses, and the patients know how to reach us for just about anything at just about any time."

No matter what it is, her co-workers say Heidi is very passionate about what she does. Whether it's nursing, military, children, family or faith, she puts her whole heart and soul into it.

Oh, and in her "spare time," Heidi runs marathons. She has run a couple of full marathons, and most recently a half marathon, which she participated in with her daughters.

"I'm what they call a finisher," said Heidi. "I'm not going to win any money, but it's something I enjoy." 🏃



## SRA Earns RBMA Quest Award for Movember Campaign

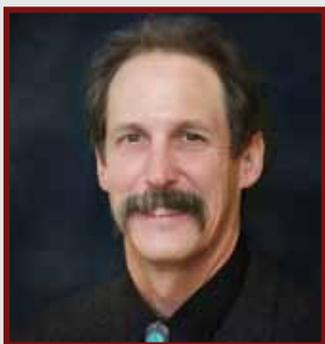
SRA has been recognized by the Radiology Business Management Association (RBMA) for its Movember social media fundraising campaign. The November 2014 Facebook campaign earned SRA a Bronze Award at the *Building Better Radiology Marketing Programs* conference in the cause-related marketing category, with funds raised benefitting the Movember USA Foundation.

We had great participation from our radiologists, who showed their support for prostate and testicular cancer awareness by letting their moustaches grow throughout the month of November. Moustache growth was tracked weekly, and for every Facebook "Like," SRA made a donation to the Prostate Cancer Foundation.

The campaign was great fun for all involved, resulting in 381 new SRA Facebook followers and 1,708 "Likes" from participants. Overall, the campaign's message was seen by more than 8,200 individuals on Facebook, and SRA donated \$1,000 to the Movember USA foundation.

Congratulations to SRA radiologist Kenneth Lutschg, M.D., of HCA Clear Lake Regional Medical Center & Breast Diagnostic Center! His impressive moustache had the most Facebook "likes," earning a Movember pizza party for him and his team. 🍕

## SRA, Cycling Radiologist Sponsor Fayetteville Stage Race



Synergy Radiology Associates and cycling radiologist David Lawrence, M.D., recently teamed up to sponsor the Fayetteville Stage Race, the signature event of the South West Cycling Club of Houston. The 12th annual race was held Saturday, March 15, 2015.

With more than 120 members, including Dr. Lawrence, South West Cycling Club supports all

types of cycling related activities in the greater Houston community. The club's signature event is the Fayetteville Stage Race.

Dr. Lawrence has been into serious cycling for about 12 years, participating in cycling trips, spinning, attending cycling camps plus coaching and competing in masters level racing. Dr. Lawrence

dedicates himself to cycling, managing about 8 to 12 hours of training per week. Although Dr. Lawrence was working the weekend of the Fayetteville Stage Race, he will be competing in the Texas State Masters Championships in June and U.S. National Masters Championships in September.

Synergy Radiology Associates is proud to join Dr. Lawrence in sponsoring the event as the only radiology group sponsor. The SRA logo was proudly displayed on all cycling jerseys given to racing participants.



In addition to the Fayetteville Stage Race, Synergy supports multiple charitable projects and organizations throughout the greater Houston community. For more information on the South West Cycling Club please contact James McCowen at (713) 480-1612 or james\_mccowen@yahoo.com. 🍕

## PHYSICIAN SPOTLIGHT



### Terence O'Connor, M.D.

Our physician spotlight this month is on Terence O'Connor, M.D. A graduate of the Baylor College of Medicine, Dr. O'Connor joined the SRA team in 1996. He also completed his internship and residency at Baylor, where he served as chief resident. Dr. O'Connor is a member of the Harris County Medical Society, is board certified by the American Board of Radiology and specializes in diagnostic radiology.

Dr. O'Connor and his interventional radiology (IR) team at Memorial Hermann Katy Hospital were recently recognized as "patient safety champions" after they helped avoid a patient having to undergo an unnecessary IR procedure. Dr. O'Connor's team identified that a patient scheduled for an inferior vena cava (IVC) filter placement already had a filter in place, thus preventing an additional procedure and sedation.

The team's discovery came just two weeks following the implementation of a new policy for IVC filter placement cases. Under this new policy, it was determined that each patient scheduled for IVC filter placement or removal must undergo fluoroscopy to confirm that an IVC filter is present or not present.

The new policy worked, and Dr. O'Connor believes it will help prevent any patient from undergoing an unnecessary placement procedure if the patient already has an IVC filter, or a removal procedure if the patient's IVC filter has already been removed. 🍕

