Patient Navigator Outreach Tip Sheet

As a new type of cancer screening, many people are not aware that lung cancer screening is an option for individuals who are at high risk, particularly those that may be eligible. As a patient navigator you can help educate patients, providers, and the general community about this promising new tool. However, it is extremely important to remember that individuals eligible for lung cancer screening often feel stigmatized because of their cigarette smoking history and fatalistic about their risk of lung cancer. Read on for some tips on how best to talk with potentially eligible people about lung cancer screening.

**Tip #1: Be sure to use person-first language and avoid using the word ‘smoker.’**

When talking with people about lung cancer screening you should try to avoid referring to eligible individuals as ‘smokers’ or “former smokers.” This is stigmatizing language that impedes the ability to connect or engage the individual. Instead try to use terms such as ‘individuals who smoke cigarettes’ or ‘individuals with a history of cigarette smoking.’

**Tip #2: Be aware of your own bias and stigma.**

Navigators need to separate risk from blame when talking to people about lung cancer screening. For example, society has a long history of having negative perceptions about smoking. This has resulted in people who smoke cigarettes experiencing shame and embarrassment, some people may even feel they deserve to be diagnosed with lung cancer because of their smoking history (referred to as self-blame). We know this isn’t true though! The GO2 Foundation/Lung Cancer Alliance campaign slogan says it perfectly, “No one deserves to die from lung cancer.” While it may be difficult to quickly change the thoughts and feelings you have developed about lung cancer, being aware of the words you use when talking with eligible people about lung cancer screening is the first step to change personal and societal bias and stigma. Sometimes you might slip and refer to someone has a smoker and that is ok! Recognizing the slip and addressing it may actually help you build your relationship with the individual. Changing your habits and words is always a work in progress.

Learn more about lung cancer stigma from the [National Lung Cancer Roundtable Survivorship, Stigma, and Nihilism Task Group](https://nlcrt.org/about/task-groups/survivorship-stigma-and-nihilism/)

**Tip #3: Help normalize lung cancer screening.**

Lung cancer screening candidates may feel ashamed that they are eligible because of their cigarette smoking histories. As a patient navigator you can help spread the message that lung cancer screening is part of their overall health preventive health goals, such as getting your cholesterol checked or completing other cancer screenings. It is merely a new type of screening that may be right for individuals who are eligible—it may even be easier because it is fast and does not involve any injections or invasive procedures.

**Tip #4: Lung cancer screening is different than other cancer screenings.**

Eligibility for lung cancer screening is not solely based on age and sex as other cancer screenings, but also on a person’s cigarette smoking history. Additionally, lung cancer screening requires a shared decision-making visit for Medicare beneficiaries. Patient navigators need to keep these points in mind when conducting lung cancer screening outreach.

**Points for conducting lung cancer screening outreach**

**Point 1: People may not want to talk about lung cancer screening.**

Since eligibility for lung cancer screening is partially based on cigarette smoking history, some people may feel anxious or defensive to engage in a conversation if they feel threatened or stigmatized. Navigators can ask the individual if they would like to hear more about lung cancer screening or if they have any barriers to being screened. Remember to let the potential screening candidate know it is their decision to learn more about

screening and it is ok if they need time to think about it! Accepting the individual’s decision that it is not the right time to talk about lung cancer screening can help build a sense of trust and create opportunities to discuss lung cancer screening in the future.

**Point 2: The goal of outreach is to educate, assess barriers, and ideally help the candidate feel comfortable enough to talk with their provider about screening.**

Lung cancer screening may not be the right thing for everyone, depending on their other health conditions and willingness to undergo treatment in the event of a diagnosis. The referral for lung cancer screening requires a shared decision-making visit with a licensed provider. Therefore, the goal of the INITIAL outreach by the patient navigator is to activate the patient to engage their primary care clinician, participate in shared decision making, and come to a decision about whether it is a good option for them to be screened or not. The goal is not to persuade folks to be screened but that to support efforts to learn more and eventually make an informed choice about whether lung cancer screening is the right option for them.

**Point 3: Invite the individual to learn more about lung cancer screening.**

The navigator should ENGAGE the patient through education and barrier reduction to encourage them to meet with their provider for a shared decision-making visit. However, no one should feel they are being forced to talk about lung cancer screening—this is counter to preparing for a shared decision about lung cancer screening. Instead, ask if you can share some information with them. The table below contains suggested messages on different angles or approaches to consider when talking to a potential screening candidate:

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| **Rationale/Evidence** | **Do’s** | **Don’ts** |
| Some individuals that smoke cigarettes may be thinking about quitting or already starting to make or contemplating making some other healthy choices regarding eating and exercise.1, 2 | Conduct an eligibility assessment for lung cancer screening in the context of overall healthy lifestyle discussion/goal setting and other cancer screenings.    *Use the ‘Patient Eligibility Checklist and Tips to Collect an Accurate Smoking History’ tool for suggested questions to ask during screening eligibility assessment.*  *Visit the companion navigator training to learn more about using the OARS method to discuss lung cancer screening.* | Conduct an eligibility assessment solely in the context of talking about smoking history and status |
| Information about lung cancer screening requires a shared decision-making visit to make the final decision with a licensed provider and the patient.3 | If the person is eligible, provide education about what lung cancer screening is and address barriers they may have.  Schedule a shared decision making visit for them (opt “in”).  *See more about shared decision-making in Chapters 2 and 3 of the toolkit.*  [This Photo](http://commons.wikimedia.org/wiki/file:pictogram_voting_rename.png) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | PNs should avoid setting expectation that the final decision about screening is with them or that the patient must get screened |
| Information about lung cancer screening can easily cause overload and cognitive fatigue.4 | Keep the education brief and to the point\*, and promote shared decision-making visit with provider. Promote self-efficacy in their ability to make the decision and follow-through.  *See recommended list of patient education and outreach materials.* | Don’t do a risk/benefit evaluation or other components of shared decision making |
| Stigma among people that smoke cigarettes may inhibit discussion and make raising the topic difficult because they are expecting to be shamed (anti-smoking campaigns have turned to anti-smoker mindset).5 | Humanize the disease with stories of patient empowerment in screening and survivorship; focus on advances in treatment to address stigma associated with diagnosis. Be empathic.  *Read about lung cancer patient stories from the* [*Lung Cancer Research Foundation!*](https://www.lungcancerresearchfoundation.org/for-patients/patient-stories/) | Don’t make the message generic – tailor it to individuals that still smoke vs those that have quit smoking. Avoid any messages that are anti-smoker or perpetuate the stigma that a diagnosis is a death sentence. |
| People that smoke and are approached for lung cancer screening may have a higher uptake of smoking cessation services than those who are not approached.6,7 | Assess patient readiness for engaging; promote referral to cessation services. Remember that cessation is also part of the required shared decision-making visit – you’re not doing it here, just engaging and activating the patient.    *Use the ‘Patient Barriers to Lung Cancer Screening Assessment’ tool to help engage potential individuals about screening.* | Don’t overlook the opportunity – be ready with resources and referrals. But also don’t stop discussion about screening if they aren’t ready to quit yet either. |
| Try not to wait until the end of a clinic visit to approach a potential candidate about screening and discussion about eligibility and shared decision-making. | Keep to 5-10 minutes and end with scheduling the shared decision-making visit; consider approaching patients in waiting room or while they are otherwise waiting for doctor to avoid more time. | Don’t add on to a lengthy or otherwise troublesome visit where a lot of other important issues are being addressed |

*\*Why lung cancer screening may help, what it is and what to expect, reduce stigma, how the PN can help facilitate scheduling of visit, empathy, use motivational interviewing and precaution/adoption model to support people to be ready to have a conversation with a clinician who knows your history and about your health goals. This is just one part of your health and wellness program.*

**References**

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