

REPORT TO THE THIRTY-SECOND LEGISLATURE

STATE OF HAWAII

2024

IN ACCORDANCE WITH THE PROVISIONS OF
HOUSE CONCURRENT RESOLUTION NO. 207
EARLY LUNG CANCER SCREENING WORKING GROUP

PREPARED BY

STATE OF HAWAII
DEPARTMENT OF HEALTH
CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION DIVISION
IN CONJUNCTION WITH
UNIVERSITY OF HAWAII CANCER CENTER

DECEMBER 2023

**EARLY LUNG CANCER SCREENING WORKING GROUP
PURSUANT TO HOUSE CONCURRENT RESOLUTION NO. 207**

Background

House Concurrent Resolution (“HCR”) No. 207 requests the Department of Health (“DOH”) to convene an Early Lung Cancer Screening Work Group (“ELCSWG”) to continue the efforts of the Early Lung Cancer Screening Task Force (“ELCSTF”) established pursuant to Act 162, Session Laws of Hawaii (“SLH”) 2022. Act 162, established the ELCSTF within the DOH to research the steps and resources necessary to increase early lung cancer screening in Hawaii. The DOH submitted a January 2023 Interim Report to the Legislature indicating that the initial meeting of the ELCSTF had been delayed until after the 2022 election, as there would be changes in leadership in various State and County departments. The ELCSTF was scheduled to sunset on July 31, 2023 and additional time was needed to ensure that the activities required by Act 162 was carried out to address and reduce the impact lung cancer has on Hawaii’s diverse population.

Lung cancer is the leading cause of cancer deaths for men and women in Hawaii. Native Hawaiians have one hundred twenty-six new cases of lung cancer per one hundred thousand which is higher than for Caucasians, and dramatically higher than the national rates for other indigenous peoples. According to the 2021 State of Lung Cancer Report by the American Lung Association (“ALA”), Hawaii ranks last in the nation for the early diagnosis of lung cancer. The United States Preventive Services Task Force (“USPSTF”) expanded its recommendation for screening to include a larger age range and more current and former smokers (i.e., those with a lower smoking history). An annual lung cancer screening with low-dose computed tomography (“LDCT”) is now recommended yearly for adults ages fifty to eighty years who have a twenty-pack-year smoking history and currently smoke or have quit within the past fifteen years. This expansion will dramatically increase the number of Hawaii residents considered at high risk for lung cancer.

HCR No. 207 requests the DOH to convene an ELCSWG to continue the efforts of the ELCSTF established pursuant to Act 162, SLH 2022, in researching the steps and resources necessary to increase early lung cancer screening in Hawaii. Individuals requested to serve as members of the ELCSWG include a representative from the Office of the Governor, Senate, and House of Representatives, DOH, Department of Human Services, University of Hawaii John A. Burns School of Medicine, University of Hawaii Cancer Center (“UHCC”), and each County.

The chairperson of the ELCSWG is required to invite representatives from the following organizations: The United States Department of Veterans Affairs; ALA; American Cancer Society; Hawaii Primary Care Association; an organization representing health care providers with relevant expertise on lung cancer screening; each health insurer operating in the state, including TRICARE; each health care system operating in the state; and any other State agencies, stakeholders, or advocates, as recommended by the majority of the working group.

The ELCSWG is requested to:

1. Review all available research, studies, and models for increasing early lung cancer screening rates in the State;
2. Conduct or initiate new studies as the Working Group deems necessary;
3. Create a public awareness campaign to inform Hawaii residents about early lung cancer screening;

4. Submit an interim report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2024; and
5. Submit a final report of its findings and recommendations, including any proposed legislation, to the Legislature no later than July 31, 2024. The report shall include:
 - (1) An analysis of the costs associated with early lung cancer screening.
 - (2) A list of qualified facilities in the State that perform lung cancer screenings.
 - (3) Protocols for health care providers and health care systems to identify populations at high risk for lung cancer.
 - (4) An explanation of how health care providers are made aware of available insurance coverage for early cancer screenings.
 - (5) Copies of guidelines used by health insurance providers to determine coverage for early lung cancer screening.
 - (6) A discussion of cultural and social barriers associated with lung cancer screenings.
 - (7) Policy recommendations for increasing early lung cancer screenings.
 - (8) A work plan that identifies the steps needed in the next five years to increase lung cancer screenings in the State.

Interim Progress Report

Pursuant to Act 162, the first meeting of the ELCSTF was held on February 2, 2023 convening organizations listed in Act 162, Section 2.(a) and identifying the chairperson. On April 28, 2023, a second meeting of the ELCSTF was held at which time the UHCC was selected as a contractor to fulfill the tasks outlined in HCR No. 207. On November 9, 2023, the ELCSWG convened and the UHCC shared the following progress to date.

1. Review all available research, studies, and models for increasing early lung cancer screening rates in the State.
Completed.
2. Conduct or initiate new studies as the Working Group deems necessary.
Currently in progress with the following research objectives:
 - To identify the best individualized risk prediction model(s) from which to derive equitable screening recommendations for ethnic groups in Hawaii.
 - To systematically evaluate the performance of published lung cancer risk prediction models among Hawaii racial and ethnic groups using data from the Multiethnic Cohort (“MEC”) Study.
 - To develop a new lung cancer risk prediction model for Hawaii ethnic groups if published ones are not optimal using the MEC data.
3. Create a public awareness campaign to inform Hawaii residents about early lung cancer screening.
The public awareness campaign has not yet begun.
4. Submit an interim report of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the Regular Session of 2024.

5. Submit a final report of its findings and recommendations, including any proposed legislation, to the legislature no later than July 31, 2024. The ELCSWG is requested to include in it's report.

- (1) An analysis of the costs associated with early lung cancer screening.
(5) Copies of guidelines used by health insurance providers to determine coverage for early lung cancer screening.

Progress: The UHCC found that there was much variability in the documentation and a lack of ease in accessing information from the various health insurance providers in the State of Hawaii. Other findings reported:

- With the exception of the Ohana Health and Medicare Advantage Plans, the current USPSTF criteria (2021) were used.
- The cost of lung cancer screening was fully covered by insurance providers, but coverage was difficult to locate and unclear among the different QUEST Plans' Provider Manuals.
- Challenges: Care providers and clients would generally need to read through separate unlinked documents on the insurance provider's website to find this information.
- There was variability in the need for prior authorization requests from the primary care physician. For HMSA, pre-approval is no longer required as of June 2023.

- (2) A list of qualified facilities in the state that perform lung cancer screenings.
(3) Protocols for health care providers and health care systems to identify populations at high risk for lung cancer.
(4) An explanation of how healthcare providers are made aware of available insurance coverage for early cancer screenings.
(6) A discussion of cultural and social barriers associated with lung cancer screenings.

Progress: The UHCC has:

- Conducted a literature review of current lung screening surveys and instruments used nationally to determine the local use and availability of LDCT versus other lung cancer screening modalities.
 - a. Identified quantitative and qualitative assessments for both providers and patients.
 - b. Used key informants to refine discussion routes for interviews and survey questions.
- Identified current data sources on the local uptake of lung cancer screening, by patients, including the Behavioral Risk Factor Surveillance System data and ALA data.
 - a. Identified trends and changes in data collection methods in Hawaii since 2018.
 - b. Identified potential sources of bias or error in future assessments.
- Drafted a print and online Provider Survey for the assessment of primary care providers' use of LDCT in June/July 2023.
- Submitted survey instruments and qualitative data collection tools to the University of Hawaii Institutional Review Board ("IRB") for approval in August 2023.
- Obtained IRB approval of the project in late October 2023 and began the Provider Survey assessments in November 2023, addressing items (3), (4), and from the primary care provider perspective.
- Developed a Facility Survey for all hospitals in October 2023, which will help answer items (3), (4), and (5), elucidate care processes, promoters, and barriers to lung cancer screening and follow-up of abnormal screenings from the health system perspective.

- | |
|---|
| (7) Policy recommendations for increasing early lung cancer screenings; and
(8) A work plan that identifies the steps needed in the next five years to increase lung cancer screenings in the State. |
| Progress: Ongoing. Preliminary recommendations that may be included in the final work plan include: <ul style="list-style-type: none">• Initiate a separate working group to identify common metrics that will help measure overall progress toward the goals of increasing the proportion of eligible patients completing lung cancer screening, shorter time to follow-up (compared to baseline), and ultimately, reduced mortality from lung cancer.• Produce a standardized one pager on all cancer screenings with eligibility criteria, frequency, and extent of coverage to be placed in care provider offices and website. |