

LungSMART Utah



LungSMART Utah - Goal

Project Goal: Increase the reach of lung cancer screening (LCS) at scale among Community Health Centers (CHCs).

We will test strategies to:



Assess LCS eligibility via digital tools



Offer access to, and facilitate, Shared Decision Making (SDM)



Enhance LCS completion



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LungSMART Utah - Strategies

Project Goal: Increase the reach of LCS at scale among CHCs.

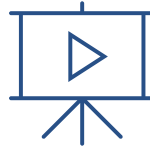
We will achieve this through:



Simple text messages



Text message-based chatbot



Educational video



Centralized hub for SDM



Patient navigation

LungSMART Utah – Primary Partners (CHCs)

14 Utah CHCs operate **~50 primary care clinics** and provide care to more than **161,000 people** annually.

Each CHC is a completely independent healthcare system. CHCs provide comprehensive care regardless of ability to pay.

Racially/ethnically diverse

- 52% Hispanic/Latino
- 8% American Indian/Alaska Native

Low socioeconomic status

- 55% < Federal poverty level
- 43% uninsured

Rural/frontier (20 CHCs in Total)

- ~41% of clinics in rural/frontier counties



LungSMART Utah - Study Design

Two-phase design to guide participants through eligibility assessment, SDM, and LCS

Phase 1

Patient Identification

Azara population health management platform is used to **identify current and former smokers, aged 50-80.**

Randomization 1

All participants receive texts and are **randomized** to receive chatbot and/or the Go2 Video in a **2X2 factorial design**

	No Chatbot	Chatbot
No Video	TM+	TM+ Chatbot
Video	TM+ Video	TM+ Chatbot Video

Eligibility Screening

Participants complete a 2-item screener via text. Individuals found likely eligible are proactively contacted and connected to the Centralized Hub.

Centralized Hub

Participants are **assessed for comorbidities/risk factors** and receive personalized **SDM** detailing the risks and benefits of LCS.

Referrals made for participants interested in screening.

Phase 2

Randomization 2

All participants who agree to LCS **receive messages through chatbot** and are **randomized to receive either reactive or proactive patient navigation** to help them complete the screening.

Chatbot RPN

Chatbot PPN

Completed LCS

LCS is completed and the order is closed.

If a patient is found to have cancer, we will refer them to treatment.



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LungSMART Utah - Updates Pt. 1

Current Project Status: *UG3 Planning Phase (Messaging Study and Usability Assessment)*

Community Engagement Activities

- Presented to the Association for Utah Community Health (AUCH) & CHC partners.
- Recruited Mountainlands CHC for pilot study and initial sociotechnical analysis (see next slide).
- Data Transfer Agreement (DTA) for Mountainlands executed.
- Solicited feedback from the Patient and Studies Advisory Committees in August and November 2024.

Digital Health Components

- The study team is beginning to design the digital health components for the study.
- Text message and chatbot content has been drafted and will be tested in the Messaging Study.
- Usability Assessment will evaluate text message and chatbot functionality in early 2025.



LungSMART Utah - Updates Pt. 2

Current Project Status: *UG3 Planning Phase (Messaging Study and Usability Assessment)*

Sociotechnical Analyses

- Cognitive Task Analysis (CTA) of current LCS practices at Mountainlands is in progress.
- Outcome: CTA informs adaptation of process and patient navigation.

Regulatory

- Messaging Study and Usability Assessment have IRB Approval.
 - Messaging Study questionnaire completed
 - Recruitment efforts to begin shortly
- Pilot Study IRB submission pending.



LungSMART Utah - Data Sharing Plan

What is your current data sharing plan and do you foresee any obstacles?

- Obtain data from CHC -> AUCH -> Center for HOPE on a regular basis.
- Don't anticipate obstacles internally (this process has been used for other studies), but there could potentially be challenges when sharing data publicly as the CHCs are very protective of their patients' data.

What information did the IRB require about how the data would be shared beyond the study in order to waive informed consent, if applicable?

- Not applicable, we are not waiving informed consent.

What data you are planning to share from your project (individual-level data, group-level data, specific variables/outcomes, etc.)?

- We hope to be able to share individual-level, de-identified data.



Challenges Scorecard

Challenge	Level of Difficulty*					
	NA	1	2	3	4	5
Regulatory issues (e.g., IRBs, consent)				X		
Study design issues (e.g., ICC, power, sample size, confounders)		X				
Infusing health equity across the research life cycle, including enrolling a diverse and representative population			X			
Engaging with patient partners to inform the study			X			
Engaging with clinicians and health systems to identify or recruit participants		X				
Engaging with clinicians and health systems to deliver the intervention		X				
Data access (e.g., approval, privacy, security) and data management planning						X
EHR integration and/or data extraction, including data management and quality assessment				X		
Collecting prospective data, including PROs		X				
Optimizing intervention sustainability and planning for sustainment						X

*Your best guess: 1 = little difficulty; 5 = extreme difficulty