

## PCP Interview Summaries

From January – February 2015, KCP staff conducted 28 semi-structured interviews of primary care providers across Kentucky. Those interviewed included physicians (M.D. and D.O.), nurse practitioners, and physician assistants, in both family practice and internal medicine. The interviews took place across 24 cities and towns throughout Kentucky. Participant ages ranged from 28-70, and their years in practice ranged from 2-33 years. They practiced in diverse settings, including group and independent practices, hospitals, VA, and FQHC.

The interviews lasted approximately 45-60 minutes. Participants were paid a \$250 honorarium. Their responses were recorded and later transcribed.

Interview responses are summarized below according to topic.

### Screening

- 20 providers are not screening for lung cancer.
- Some providers do not know about low dose CT screening and the availability to screen for lung cancer.
- Providers frequently do not recommend screening because they are:
  - Unaware of guidelines
  - Unaware that there is insurance coverage for screening.
- 5 providers are screening but not according to the guidelines. A few providers were screening all patients who have a smoking history.

### Tobacco treatment

- Most doctors providers interviewed asserted that they advise intervene with their patients to stop tobacco use. All said they advise their patients to quit and offer and some recommendations to help them.
- 1 provider volunteered that she/he tells cancer patients that smoking could lessen the effectiveness of their cancer treatments.
- Only 7 of those interviewed knew about the Kentucky Quit Line (1-800-QUIT-NOW). Those who did not know about it said they would refer patients to it, with some emphasizing that the process must be very quick for their staffs.
- Some providers expressed confidence in their abilities to counsel patients to quit smoking. Not all providers were aware of existing outside resources, such as support classes, web sites, etc.
- There was a mixture in how providers handled questions about e-cigarettes, but most discouraged their use in general.
- Most encouraged the use of medication, but cost for the patients was reported as a common barrier.

- One provider expressed frustration with the difficulties faced by Passport patients in obtaining medications.
- Another expressed frustration that the low payment level for claims.

### **LC treatment**

- Referrals are most often made to a pulmonologist for diagnosis. Referrals to oncology and/or surgery are usually made by the pulmonologist.
- Providers were reluctant to say that lung cancer is treated less aggressively than other cancers due to any bias related to stigma.
- Barriers to treatment included: Transportation/distance, family burden, lack of understanding, communication/scheduling issues, fear, denial, too sick, and associated costs of receiving. Fatalism was sometimes cited as a reason why patients do not seek treatment.
- Responses were mixed as to how closely lung cancer patients are followed by primary care providers after diagnosis. Only a few said they have follow-up appointments with patients specifically about their lung cancer care. Most would typically see those patients again within a few months regardless, for either routine care or for treatment side effects.
- Only a few providers felt that it was their responsibility to discuss the patient's cancer diagnosis and course of cancer treatment. At least two said they have insufficient knowledge for such a discussion.
- A commonly requested tool by the providers was a patient education piece with very simple language and many pictures, to help explain the diagnosis and possible treatment. Time frames for typical expected chemo/radiation treatments were also requested to answer initial patient questions.

### **Survivorship**

- 20 of the providers do not make referrals to support services. Most stated that they thought that was up to the oncologists.
- When interviewers described the KCP Pathfinder, all providers said they would use the resource in their offices and recommend it to patients.
- A few indicated that a large portion of their patients would have difficulty accessing the Internet because of their age/abilities or lack of Internet access, so they would need staff to print the KCP Pathfinder information for them.

### **Continuing Education**

- PCP preferences for CME/CE platforms vary widely.
- For the majority of providers interviewed, mobile apps were not as helpful as other tools.
- Online courses were preferred for at least half if available anytime, with a maximum one hour commitment, and ideally broken into 10-15 minute segments. CE credit was reported as essential.
- 7 providers do not want online CE at all. Many would be receptive to having a trained and credible educator to education through academic detailing/presentations.
- Interest was also expressed by some about attending a half-day workshop that includes a tour of cancer treatment facilities, discussions on tobacco treatment (for all patients), and cancer resources for all patients with any type of cancer.

- Regardless of format, many mentioned a key consideration is the expertise of the presenter related to the topic.
- All said they use an EMR, but a few did not have it in the patient exam room. In those cases, they reviewed the record before seeing the patient.
- Most providers noted how helpful it would be if patients who needed lung cancer screening or tobacco treatment were flagged by EMRs and showed an on-screen prompt with appropriate recommendations.