

IMPLEMENTATION PLAN FOR BROWARD COUNTY HEALTH SCREENING PILOT PROJECT

I. Introduction:

The Broward County Health Screening Pilot Project will provide Broward residents with preventative cardiac and cancer screening utilizing CT machines and other diagnostic modalities. The pilot project will be funded by Broward County and will involve the North Broward Hospital District, South Broward Hospital District, Cleveland Clinic Florida, and Holy Cross Health (collectively, “Healthcare Systems”).

The preventive health care screenings, such as calcium scoring, coronary computer tomography angiograms, and certain cancer screenings are to be provided to certain groups of Broward County residents (“Cohorts”) including: (1) seniors age 65 and older, (2) Black and other minority populations, which have been traditionally medically underserved, and (3) individuals between the ages of 45 and 65. Each person participating in the Pilot Project must be covered by public (Medicare or Medicaid) or private insurance, to ensure appropriate medical follow-up and treatment, if needed.

Broward County is anticipated to budget \$10,000,000 to fund the Pilot Project. The target population size will be a minimum of 20,000 Broward residents with a minimum 5000 participants in each group. The cardiac screening will encompass a minimum of 15,000 residents while the cancer screening will encompass a minimum of 5,000 Broward County residents.

II. Goal

The goal of the pilot program is to demonstrate that preventative diagnostic testing will save lives. Based on the results of the SCOT-HEART study conducted in Scotland, it is expected that the Pilot Project will favorably impact and save thousands of lives.

III. Criteria Used For Selection of Participants

The participating Healthcare Systems will each select from their medical staff one physician from cardiology and one physician from oncology. The cardiology group and oncology group shall meet virtually 1-2 times in order to agree on the criteria of patient selection in the Project. Broward County shall select a consultant who will moderate the meetings, obtain a consensus, and finalize the criteria. Each participating physician shall be paid a reasonable fee for their attendance at each virtual meeting.

The decided criteria should consist of inclusion and exclusion guidelines. The selection criteria will abide by nationally accepted standards of medical care.

IV. PRE-LAUNCH PROGRAM DEVELOPMENT

Prior to launching this program, the following matters should be completed:

1. A full-time coordinator should be assigned to this project who will oversee and coordinate all of the necessary activities. This person should be a county staff person or independent contractor.
2. A part-time “medical director” shall act as a consultant to oversee testing, quality assurance, and efficiency and to perform site visits to ensure project implementation.
3. A Website should be developed containing detailed information on the Project, including a patient online application.
4. Develop an informative pamphlet and other print material for distribution.

5. Sign service contracts with the participating Healthcare Systems, and others as needed to perform the testing.
6. Once the criteria and necessary information is determined, the on-line application needs to be drafted.
7. A determination needs to be made as to whether to use an outside third party entity or in-house staff to in-take applications and make appointments for participants to receive the diagnostic tests. Currently there exists third party contractors who can in-take all applications and set appointments for participants.
8. Develop outreach materials, brochure, and a press release.

V. PILOT PROJECT SCHEDULE

Estimated time to launch the project: 120 days

Estimated time to complete the project: 18 - 24 months

VI. PARTICIPANTS

A variety of ways will be utilized to attract participants, including:

- Each County Commissioner will be given the opportunity to outreach to the residents of their district to determine whether there are interested participants.
- Press releases to community newspapers and media outreach informing residents of free preventative testing. Interested participants will be directed to either the project website or a telephone number.
- Outreach to various churches and other religious organizations to disseminate information about this Pilot Project.
- Develop and promote a website.
- Disseminate information on the Pilot Project to employees of Broward businesses.
- Public Service Announcements for the media to distribute.

VII. FOUR GROUPS OF PARTICIPANTS

GROUP ONE – SENIORS 65 AND OVER

As previously stated, Seniors 65 and over will be one of four targeted group participants. This Pilot Project will target a minimum of 5,000 participants for this group.

GROUP TWO – MIDDLE AGE 45 – 65 PARTICIPANTS

A minimum of 5,000 participants will be targeted for Group Two, which is composed of middle-age participants.

GROUP THREE – BLACK & MINORITY PARTICIPANTS

Group Three shall target a minimum of 5,000 black and other minority individuals. While there is no age requirement for this group, the participants will have to meet the criteria set forth by cardiology group consultants.

GROUP FOUR – CANCER SCREENING

Group Four, which will also target 5,000 participants, will be the only group that will involve preventative cancer screening. The screening tests will target the most common cancers, such as breast cancer, lung cancer, colon cancer and others. The Oncology Group will designate the different cancer screening tests as well as the criteria for the participants to qualify.

VIII. PROPOSED SCREENING TESTS

A. CARDIAC CT's:

1. CT Calcium Score: Non-invasive, minimal radiation test that requires no prior special preparation and no intravenous contrast.
2. Cardiac CTA (CCTA): Non-invasive, minimal radiation test that requires intravenous injection of iodinated contrast.

The cardiology medical committee may suggest utilizing a cardiac risk score calculator in order to stratify patients appropriately:

<https://clincalc.com/cardiology/ascvd/pooledcohort.aspx>

B. CANCER SCREENING TESTS

1. Breast Cancer 2D mammogram Screening

- Women greater than 40 years old
- Women who have not had a mammogram in the past 12 months.

2. Low Dose Lung Cancer Screening CT

According to the American Cancer Society.

- 50-80 years old and in fairly good health (determined by the questionnaire).
- Active smoking or prior history of smoking within the past 15 years.

3. Colon Cancer Screening

American Cancer Society (ACS) Guideline for colorectal cancer (CRC) Screening, 2018

[Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society - Wolf - 2018 - CA: A Cancer Journal for Clinicians - Wiley Online Library \(link\)](#)

The ACS recommends that adults aged 45 years and older with an average risk of CRC undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) examination, depending on patient preference and test availability. As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.

4. Prostate Cancer Screening.

[American Cancer Society Recommendations for Prostate Cancer Early Detection](#) (link)

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. **Men should not be screened unless they have received this information.** The discussion about screening should take place at:

- **Age 50 for men who are at average risk** of prostate cancer and are expected to live at least 10 more years.
- **Age 45 for men at high risk** of developing prostate cancer. This includes Black persons and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40 for men at even higher risk** (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, men who want to be screened should get the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening. (See [Screening Tests for Prostate Cancer](#).)

After the age of 70 years old, the performance of a PSA is recommended to be a shared decision between the physician and the patient.

Black men have a higher risk of prostate cancer than white males and are recommended to be tested sooner (>40 years old).

5. Pancreas Cancer Screening

According to the American Gastroenterological Association (AGA):

[AGA guidance: When to screen for pancreas cancer - American Gastroenterological Association](#) (link)

1. Pancreas cancer screening should be considered in patients determined to be at high risk, including first-degree relatives of patients with pancreas cancer with at least two affected genetically related relatives.
2. Pancreas cancer screening should be considered in patients with genetic syndromes associated with an increased risk of pancreas cancer, including all patients with Peutz–Jeghers syndrome, hereditary pancreatitis, patients with CDKN2A gene mutation, and patients with one or more first-degree relatives with pancreas cancer with Lynch syndrome, and mutations in BRCA1, BRCA2, PALB2, and ATM genes.
3. Genetic testing and counseling should be considered for familial pancreas cancer relatives who are eligible for surveillance. A positive germline mutation is associated with an increased risk of neoplastic progression and may also lead to screening for other relevant associated cancers.
4. Participation in a registry or referral to a pancreas Center of Excellence should be pursued, when possible, for high-risk patients undergoing pancreas cancer screening.
5. CLINICIANS SHOULD NOT SCREEN AVERAGE-RISK INDIVIDUALS FOR PANCREAS CANCER.
6. Pancreas cancer screening in high-risk individuals should begin at age 50 years, or 10 years younger than the initial age of familial onset. Screening should be initiated at age 40 years in CDKN2A and PRSS1 mutation carriers with hereditary pancreatitis and at age 35 years in the setting of Peutz–Jeghers syndrome.

7. Magnetic resonance imaging and endoscopic ultrasonography (EUS) should be used in combination as the preferred screening modalities in individuals undergoing pancreas cancer screening.

Location and Providers of Services:

- The providers of medical services will provide their location(s) and addresses in order to refer patients accurately.
- Each Healthcare System would attest, and show proof if requested, that the CT machines used for the tests are accredited and certified by the American College of Radiology (ACR) for the specific test.

Minimum CT equipment requirements:

Calcium Score and Cancer screening: 64 slice or greater. Cardiac CTA: 128 slice or greater.

Workstation availability for post-processing of tests.

Physicians reporting Cardiac CTA are required to have a minimum of SCCT level 2 certification, and/or qualified under ACR guidelines and/or completed a Fellowship in Cardiovascular Imaging by a nationally recognized accredited teaching program and/or Certified by the Board of Cardiovascular Computed Tomography (CBCCT).

All physicians interpreting CT's must be Board Certified or eligible and be an active staff member of the participating Healthcare System.

IX. IMPLEMENTATION; COUNTY ADMINISTRATOR OVERSIGHT

The Broward County Administrator or her designee will have full oversight of this Pilot Project.

All final decisions regarding contracting with providers for cardiac and cancer screening; in-take; website; personnel; and any other details related to this Pilot Project shall be decided by the County Administrator or her designee.