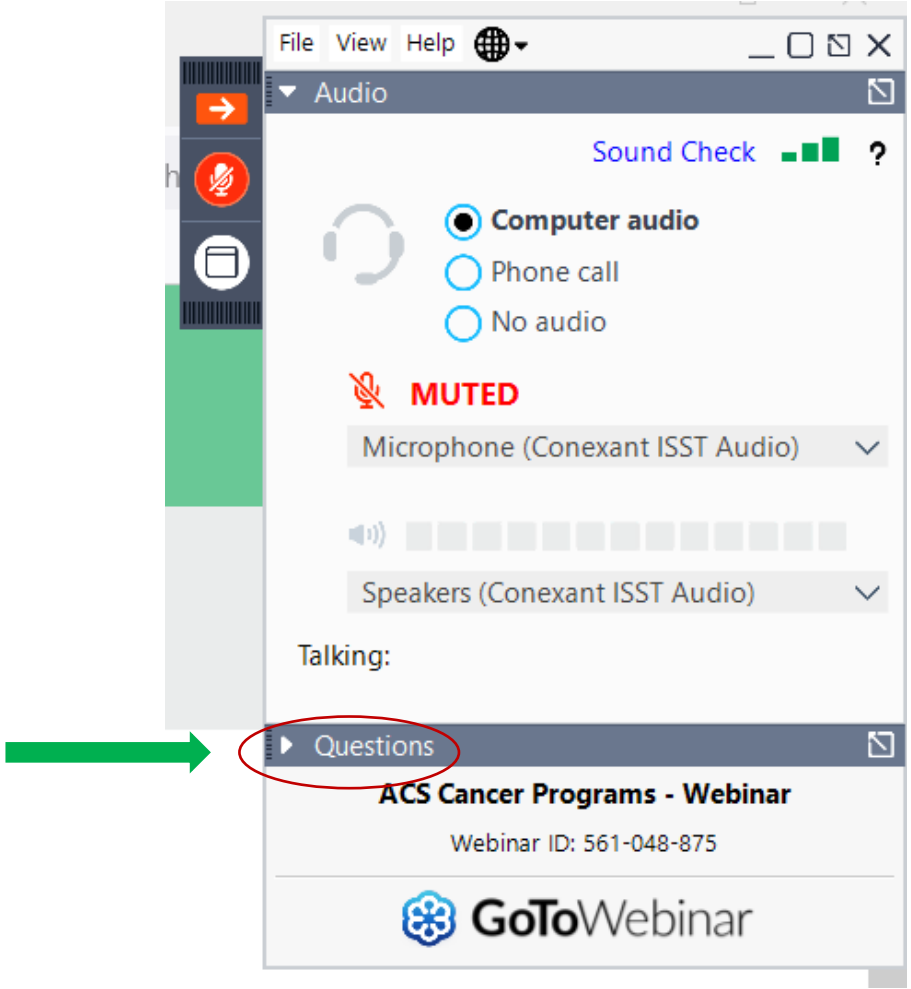
ACS Cancer Programs
American College of Surgeons

Breaking Barriers: Breaking Down The Top Barriers

September 22, 2023

Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



Introducing our Moderator

Dr. Anthony D Yang, MD, MS
Professor, Division of Surgical Oncology
Department of Surgery
Indiana University School of Medicine/IU Health

Agenda for today

- Welcome
- Data Review
- Patient Sickness Barrier
- Transportation Barrier
- When a Patient No longer Wants Treatment Barrier
- Q and A

Introducing our Panelists

Lauren Janczewski, MD, MS
ACS Cancer Program Scholar

Macie Butler, BS, CNA
Certification Program Manager
Thompson Cancer Survival Center-Covenant Health

Susan Hedlund, M.S.W., LCSW, OSW-C
Assistant Professor of Medicine, Division of Hematology/Medical Oncology, School of Medicine OHSU Healthcare

Camille Biggins, MHA
Quality & Accreditation Program Manager
Virginian Mason Franciscan Health

ACS Cancer Programs
American College of Surgeons

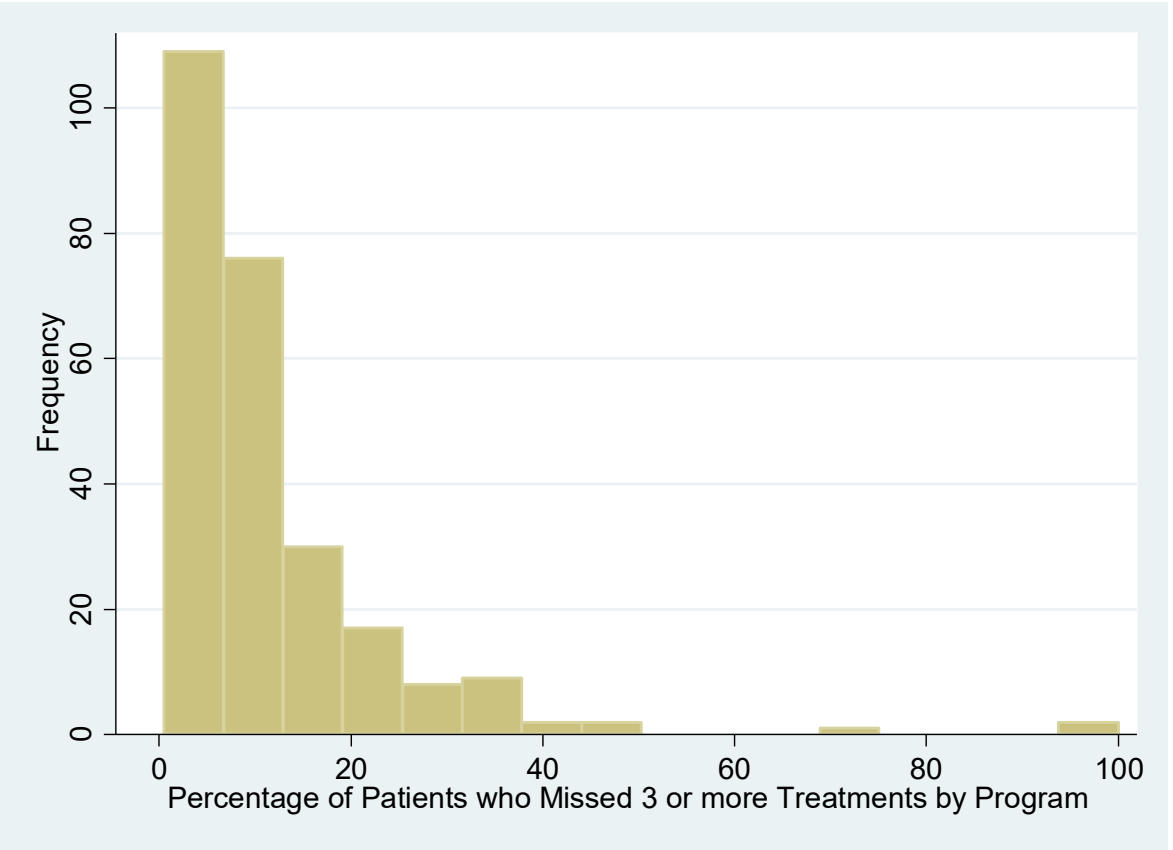
Breaking Barriers
Data Collection Round 3
9/22/2023

Lauren Janczweski MD, MS

Participating Programs

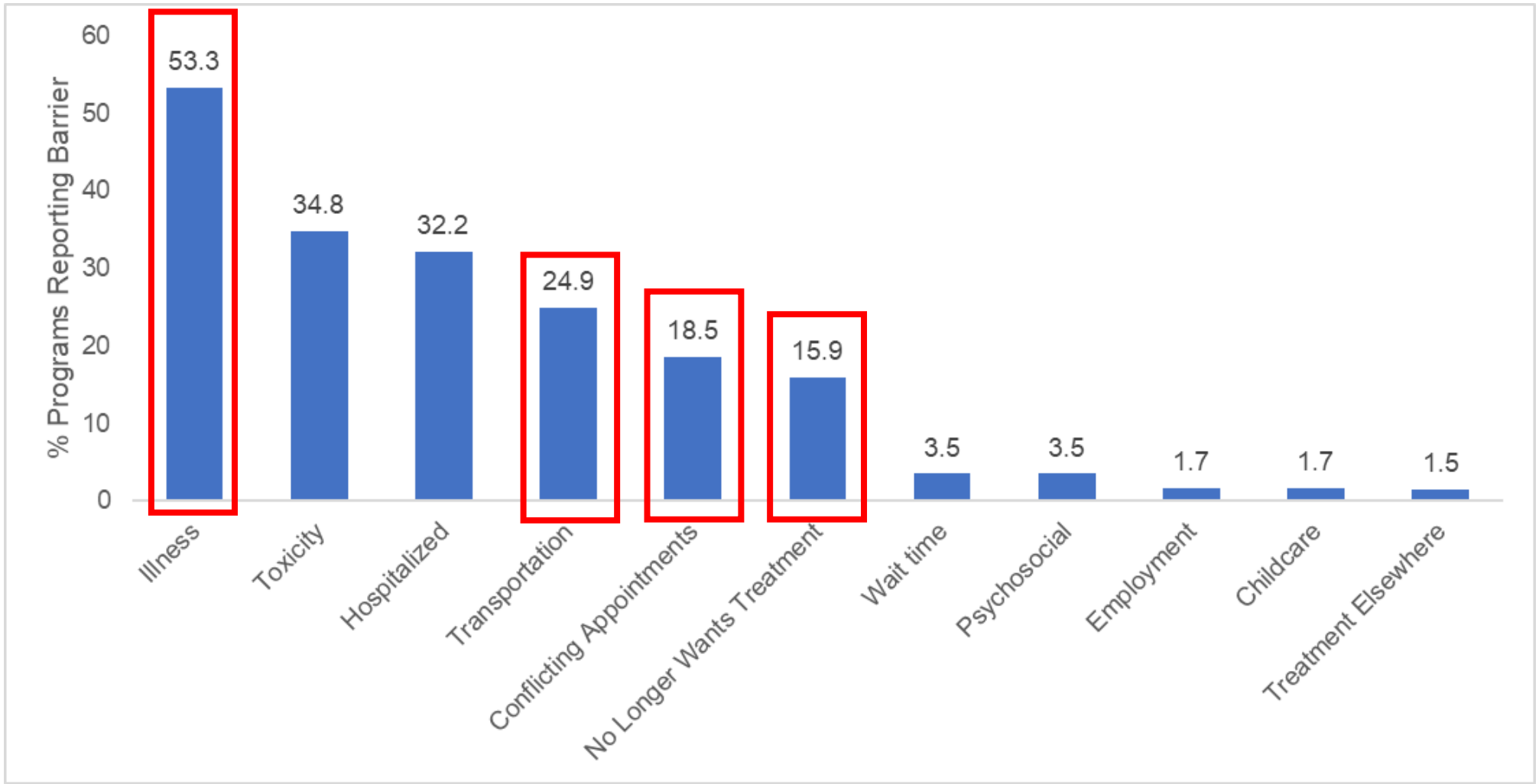
325 total programs

- 256 had patients with 3 or more missed treatments (**78.8%)**
- Median percent of patients who missed 3 or more radiotherapy treatments = **7.9% [IQR 4.4%-14.3%]**

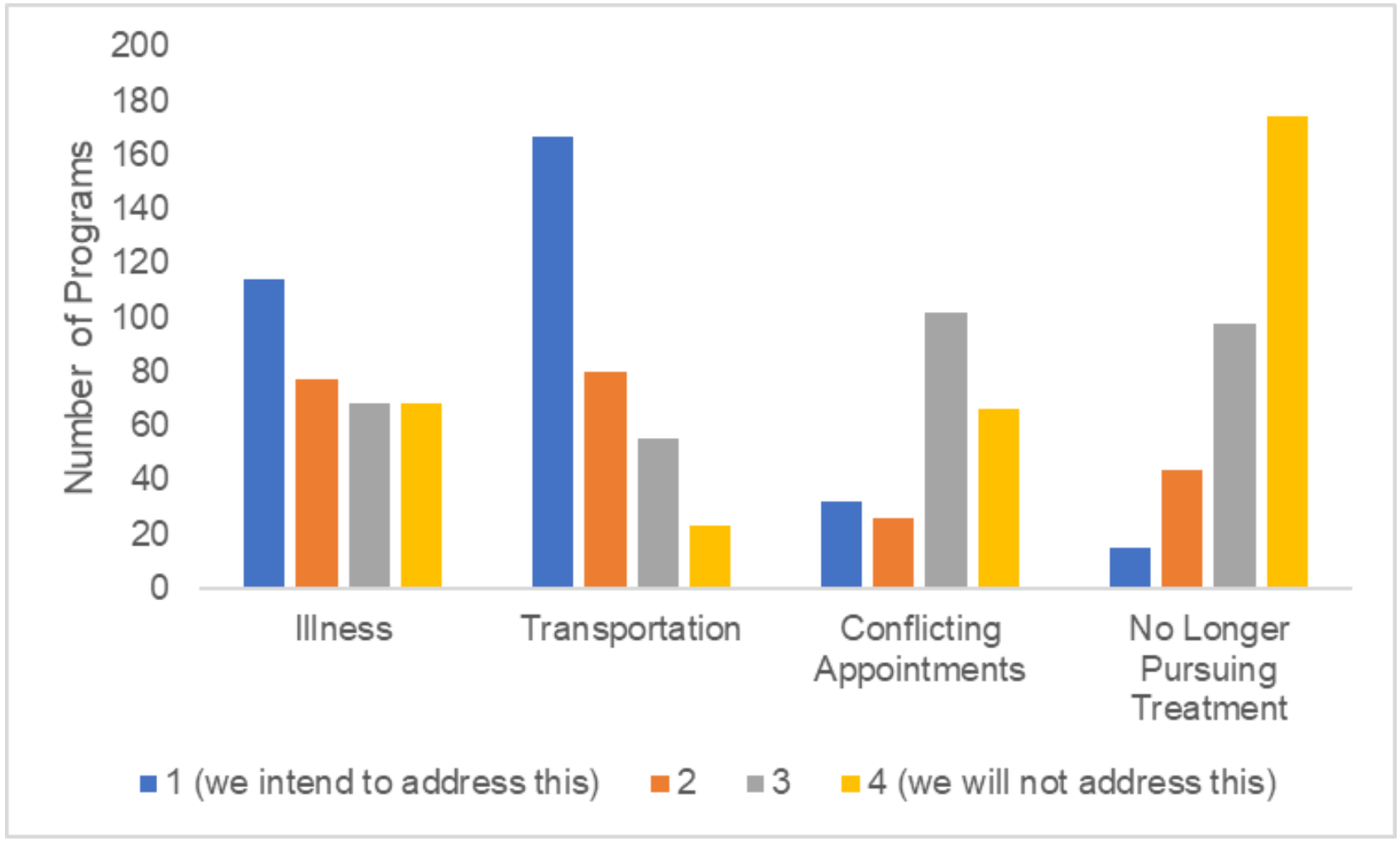


Total number of patients who missed 3 or more treatments = 1,061 (8.4%)

Disease Site	Programs (N, %)	Patients (N, %)	Median (IQR)
Breast	132 (51.6%)	234 (4.9%)	7.7% (4.1%-11.5%)
Upper GI	25 (9.8%)	36 (20.5%)	9.2% (8.0%-15.7%)
GYN	24 (9.4%)	43 (28.1%)	9.2% (5.1%-13.0%)
H&N	111 (43.4%)	230 (17.1%)	9.8% (5.9%-16.7%)
Prostate	67 (26.2%)	122 (9.2%)	9.1% (5.3%-14.3%)
Lung	81 (31.6%)	174 (14.6%)	9.8% (6.1%-16.0%)
Rectum	32 (12.5%)	43 (25.1%)	9.1% (6.2%-15.8%)
Other	74 (28.9%)	179 (5.1%)	8.3% (4.8%-15.7%)



Addressing the Barriers



65.9% of programs have already begun addressing these barriers!

ACS Cancer Programs
American College of Surgeons

Macie Butler, BS

Cancer Program Administrator

Covenant Health, Integrated Network Cancer Program

East Tennessee

mbutler4@covhlth.com

Goals of This Discussion

1. Review our data collection process
2. Examine our process for identifying barrier as Patient Sickness
3. Analyze initial implementations and next steps to address Patient Sickness

Identifying and Addressing Barrier: Patient Sickness

- Data Collection Process
  - MOSAIQ reports
  - Manual chart reviews
  - Improvements in process
- Identifying Patient Sickness as our greatest barrier
- Selecting Patient Sickness as our barrier to address
  - Limitations of addressing Patient Sickness
  - Variation across network sites
- Initial Implementations and Next Steps

Breaking Down Transportation Barriers

Camille Biggins, MHA
Quality & Accreditation Program Manager
Virginia Mason Medical Center, Seattle

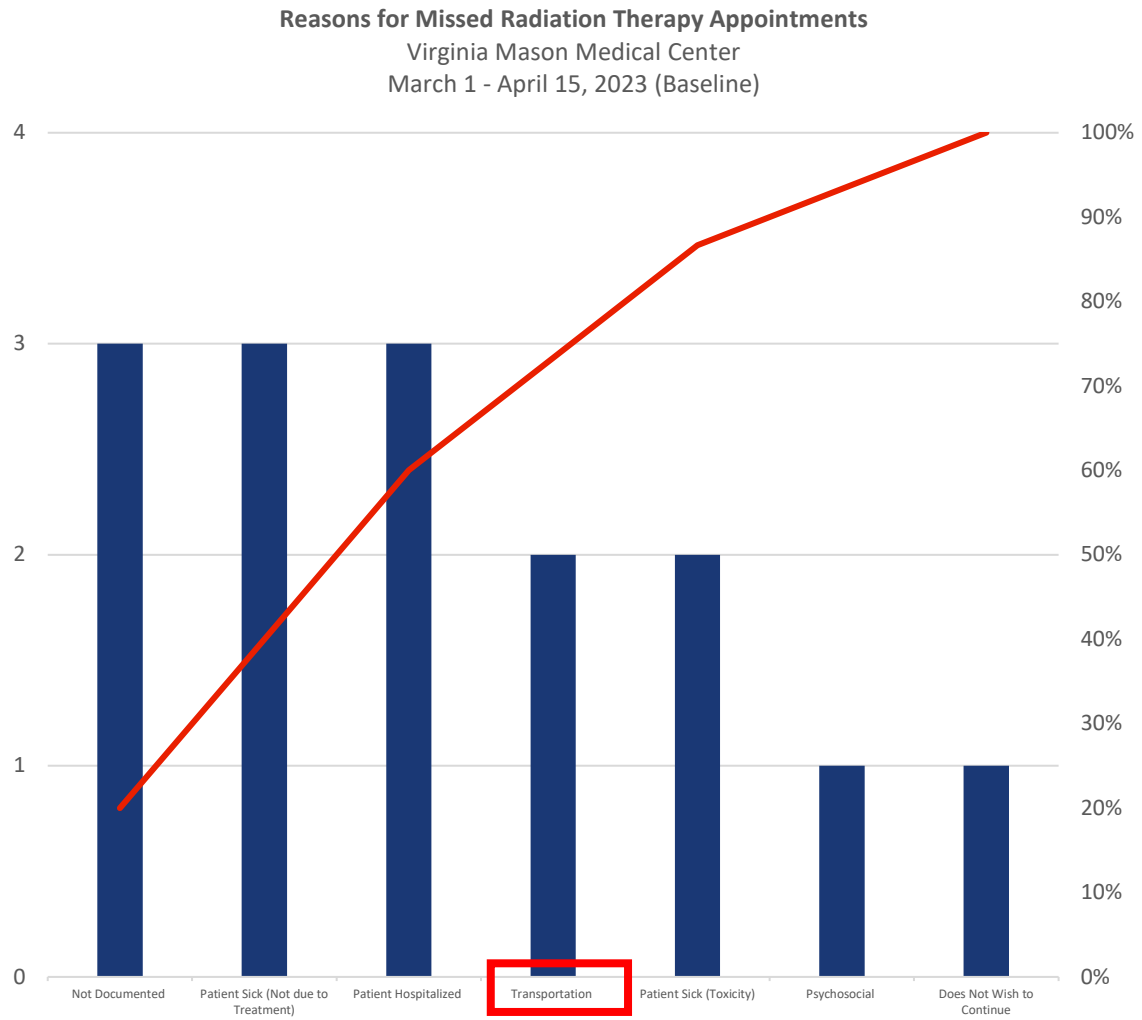
September 22, 2023

Virginia Mason Franciscan Health

Baseline

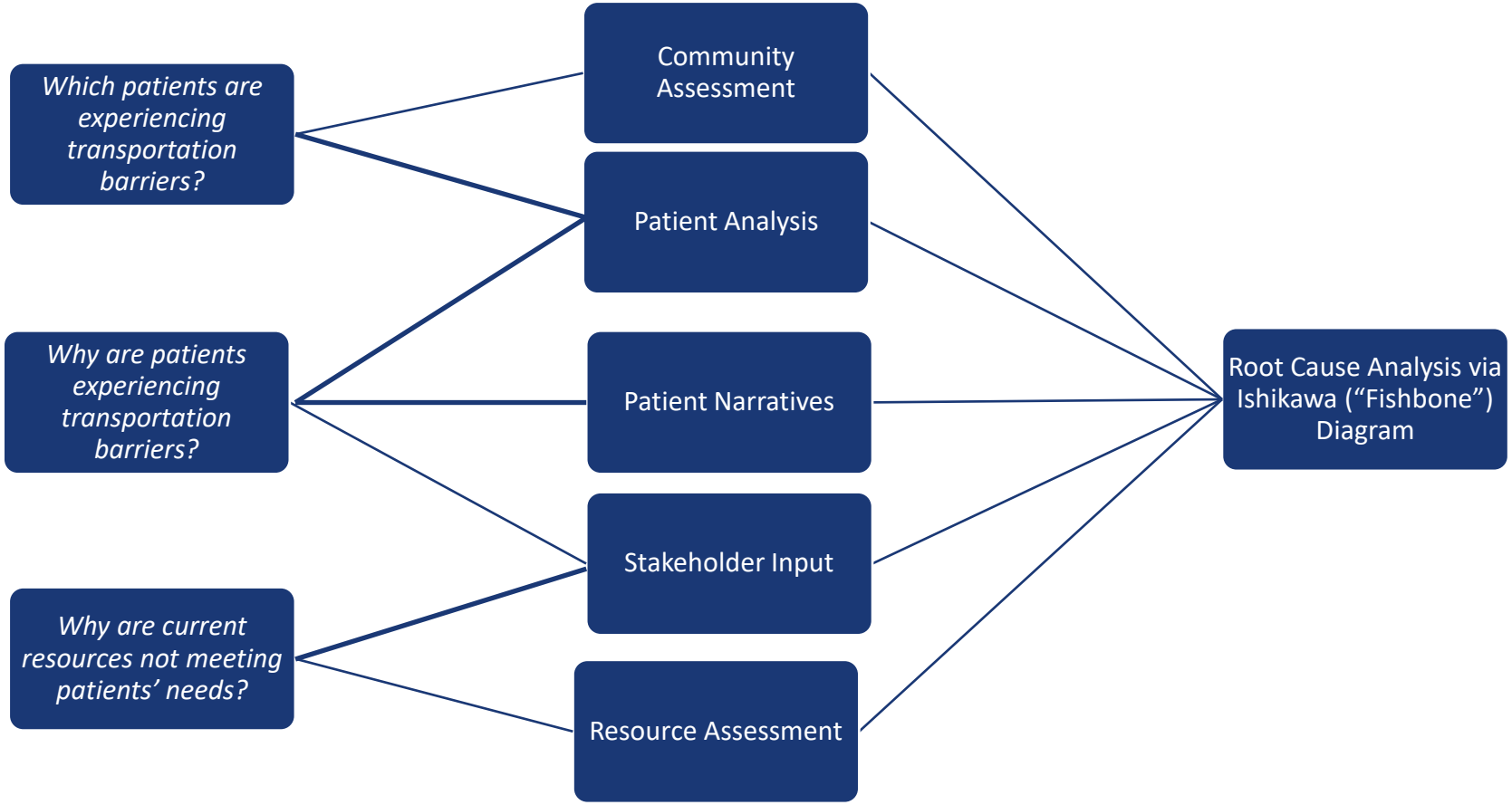
- **3.8%** (4 of 104) radiotherapy patients experienced “no-shows”
- **13.3%** (2 of 15) missed appointments were due to transportation
- **1.9%** (2 of 104) radiotherapy patients missed appointments due to transportation

Transportation barrier selected based on program priority



Virginia Mason Franciscan Health

Root Cause Analysis Strategies



Virginia Mason Franciscan Health

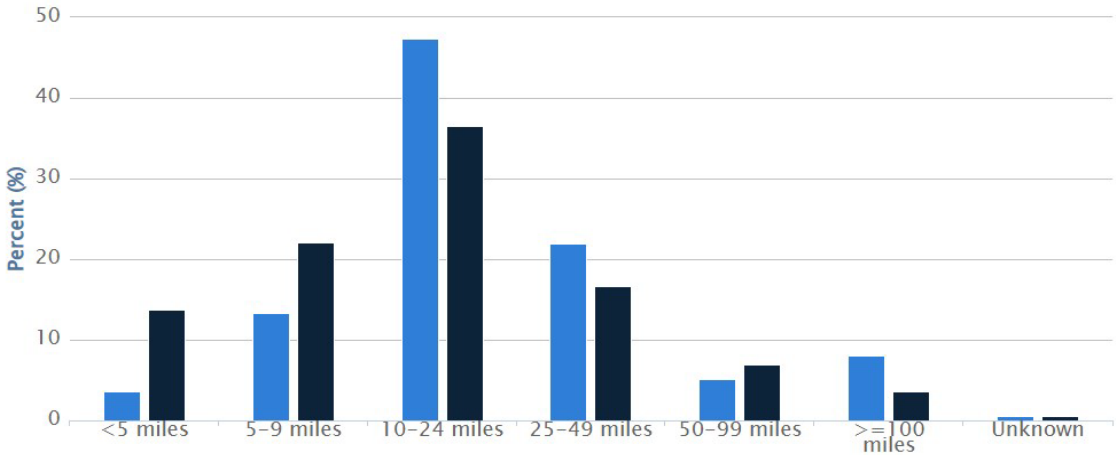
Community Assessment

VMMC Catchment Area: King County, WA

- Health & wealth measures higher in King County than other U.S. counties
- However, inequities by income, race & place shape uneven distribution of health outcomes within county
- The same communities are often impacted, underscoring need for culturally tailored solutions directed toward most affected places

(Source: VMMC Community Health Needs Assessment 2022)

Distance Traveled - Breast Cancer, 2020 - My Facility



	<5 miles	5-9 miles	10-24 miles	25-49 miles	50-99 miles	>=100 miles	Unknown
My Facility	3.6 % (n=14)	13.3 % (n=51)	47.4 % (n=182)	21.9 % (n=84)	5.2 % (n=20)	8.1 % (n=31)	0.5 % (n=2)
All CoC	13.8 % (n=30333)	22.1 % (n=48378)	36.5 % (n=79965)	16.6 % (n=36406)	6.9 % (n=15100)	3.6 % (n=7915)	0.5 % (n=1157)

61

Virginia Mason Franciscan Health

Patient Analysis

Only 4 radiotherapy patients missed appointments due to transportation in 2023

- Too small to analyze for significant correlations by zip code, age, demographics, etc.
- Chart reviews were still performed, which found:
  - **All 4 radiotherapy patients live within 30 miles of VMMC**
  - **All 4 radiotherapy patients face SDOH challenges**
  - **For all 4 radiotherapy patients, current resources did not consistently meet their needs**

Patient Narratives

Several patients who live close to the clinic reported not feeling well, or their transporter not feeling well, and not wanting to endure sitting in a car in traffic or over bumpy roads. Not to mention finding parking!

Stakeholder Input

- ✓ Radiation Oncology
- ✓ Social Work
- ✓ Patient Navigation
- ✓ Health Equity Group
- ✓ Corporate Responsibility
- ✓ Hospital Foundation
- ✓ American Cancer Society
- ✓ Oncology Quality Sub-Committee

(Jamboard with Radiation Oncology, Social Work, Patient Navigation & Health Equity Group in Aug 2023)

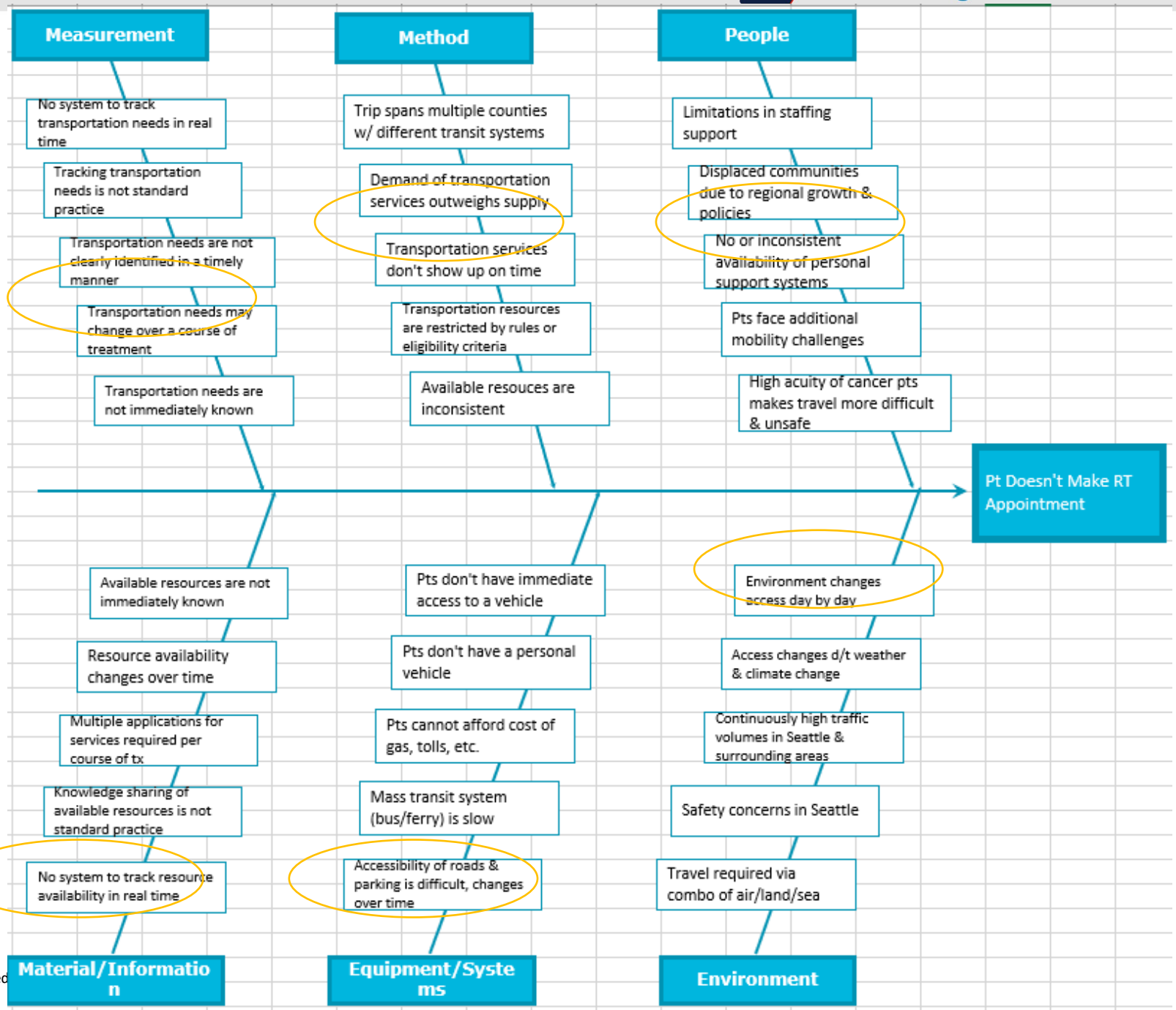
Virginia Mason Franciscan Health

Resource Assessment

Social Workers spent ~15% of their time addressing transportation needs in 2022 and 2023

IDENTIFIED BARRIER	TYPE OF BARRIER	RESOURCES AVAILABLE	RESOURCES NOT AVAILABLE
Transportation	Logistical	• Gas cards (must meet criteria) • Help applying for transportation via King County Metro • Medicaid provides medical transportation • Referral to ACS's Road to Recovery, Hopelink, Paratransit, etc. for in-state pts (inconsistent) • Referral to Angel Flight or Mercy Flights for out-of-state pts • Friends & family	• Restrictions on providing taxi vouchers • No internal resources, except for limited gas cards from Foundation & ACS

Root Cause Analysis



Virginia Mason Franciscan Health

Findings

- **Real-time transportation solution is needed when all other resources have been exhausted**

- **Underlying transportation problem is present, but beyond scope of Breaking Barriers due to its data limitations (underreporting):**
  - Number of patients facing transportation barriers may be low due to prevention of missed appointments
  - For every patient with no reliable transportation options, all appointments in their treatment course are susceptible to transportation challenges
  - Data validation is needed to tease out "patient sickness" vs "transportation" as confounding variables

ACS Cancer Programs
American College of Surgeons

When a Patient No Longer Wants Treatment

Susan Hedlund, M.S.W., LCSW, OSW-C
Assistant Professor of Medicine, Division of Hematology/Medical Oncology, School of Medicine

When a Patient No Longer Wants Treatment

There are many variables that may affect this decision including:

- Disease progression
- Fatigue
- Pain
- Other issues…

How does the treatment team explore these?

When a Patient No Longer Wants Treatment

If the issues are physical in nature, having an MD, or RN follow up to identify potential symptom relief options is important

Psychosocial Issues may include:

- Health literacy or understanding of treatment and prognosis
- Logistical concerns (e.g.: transportation, childcare, distance to treatment)
- Psychological distress including anxiety and depression

Case Example: Health Literacy, understanding of treatment/prognosis

48 yo man being treated for Follicular Lymphoma, hospitalized while treatment initiated. Patient became extremely withdrawn, and asked to see a priest. When the priest arrived, the social worker overheard him say, “I have Stage 4 cancer and am dying”. The social worker knew that he was being treated with curative intent and had an expected good prognosis. While English was the patient’s second language, he was bilingual and literate. Social worker asked the treatment team to come back to re-explain to the patient that he was expected to do well with treatment. He began to eat full meals, walked the halls, and expressed excitement about “getting back to the gym”.

Lessons Learned

- Continue to inquire as to what the patient understands about their diagnosis, treatments, and expected treatment outcomes
- Check for understanding!! Ask for questions.
- Utilize a multi-disciplinary team

Case Example: Logistical Concerns

58 yo female patient being treated for Stage 3 breast cancer. Calls to cancel her radiation treatments saying “I no longer wish to have treatment”. Treatment team is surprised by this, and RN follows up with patient to check in. Upon further exploration, the RN learns that the patient is driving 40 miles each way to treatment, is profoundly fatigued, and is worried about the cost of gas and subsequent impact on her family. RN asks patient if she is open to talking with their social worker. Upon follow up, social worker is able to provide patient with gas cards (thanks to an ACS grant) and coordinates with patient to have a family member bring patient to treatment.

Lessons Learned

- If a patient unexpectedly quits treatment, it is helpful to follow up to ask “can you tell us a little bit about why?”
- Patients may be worried about issues that we are unaware of (e.g.: distance to treatment center and cost of gas)
- Patients may be reluctant to ask family members for help (e.g.: assisting in driving to treatment)
- A social worker may be able to encourage the patient to let the family know and/or problem-solve about sources of support

Case Example:
Psychological Distress including Anxiety and Depression

- 65 y.o. man being treated for prostate cancer. He misses 3 consecutive radiation oncology appointments. RN follows up to check on patient and notes that he sounds withdrawn and is difficult to engage. RN inquires as to how he is coping and he responds with “It’s just not worth it, maybe it’s my time to go.”

- RN discusses with MD who follows up to do a deeper assessment. Ultimately he asks patient to come in for an appointment and determines that patient is quite depressed and with patient’s permission is referred to a Mental Health specialist for follow up. (e.g. psychiatry, PNP, social worker). Patient re-engages with cancer treatment.

Lessons Learned

We can’t know why patients either don’t show up for appointments, or decide to decline care unless we explore it in more depth.
RN noted a withdrawn tone, and the expression “It’s just not worth it”
She elevated concerns to M.D. who asked for a meeting with patient
After noting depression, referral to mental health care was initiated

Staying alert to possible distress can guide us in next steps.
Most CoC accredited programs have procedures in place for screening for distress. Systems for follow up are essential.

Possible questions to ask

- Is there anything you are wondering about regarding your treatment plan? Is anything about it confusing to you?
- Are there circumstances in your life that are making it difficult to follow through with the treatment plan?
- Can you think of things that might be helpful for us to address?
- How are your spirits holding up? (a non-stigmatizing question that may identify issues of mood/distress)

Conclusions

- When a patient decides to forego treatment unexpectedly, explore it more fully
- There may be barriers that we are unaware of that are potentially resolved if identified and addressed
- Ideally, utilize a multi-disciplinary team. Draw on both the strengths of the team, and the patient-team relationship.

Looking Ahead

Data Collection due October 30

Y2 Breaking Down Top Barriers

October 15: Data Collection: Collection period August 15-October 15

Nov 17 at 12pm CT- Webinar

- If you need to change your primary contact: email cancerqi@facs.org

Q and A

Reach out to cancerqi@facs.org

ACS Cancer Conference 2024

February 22-24, 2024 | Austin, TX

Save the Date

*facs.org/**cancerconference***

ACS Cancer Programs

American College of Surgeons

ACS Cancer Programs

American College of Surgeons

Follow Us on Social Media

facs.org/quality-programs/cancer-programs/

ACS Cancer Programs

@AmColSurgCancer