Breaking Barriers: An ACS Cancer Programs National Quality Improvement Project

Informational Webinar
January 13, 2023
• 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 Panelists

Dr. Laurie Kirstein, MD, FACS
Attending Breast Surgeon
Memorial Sloan Kettering Cancer Center
Associate Professor
Cornell University Medical College
New Jersey

Dr. Charles Shelton, MD
Radiation Oncology
The Outer Banks Hospital
ECU Health/Chesapeake Regional

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

• Why a QI project
• Accreditation details
• What is Breaking Barriers
  • Goal
  • Definitions
  • Timeline
  • Requirements
• Q and A
Why a National QI project

• Scope of CoC/NAPBC
• Success of past projects
• Focus on improving the intent of a standard
Past Success

Return to Screening - 2021

- 749 Accredited Programs Enrolled
- 814 PDSA Projects Initiated
- 70,000/mo Potential Additional Screenings A Month

Just ASK - 2022

- 776 Accredited Programs Enrolled
- 2,000 PDSA Projects Initiated
- Over 700,000 patients potentially impacted
Breaking Barriers Details

Who can participate?
All accredited programs

What standards will you receive credit for?
- CoC: 7.3 and 8.1
- NAPBC: 2.2 and 6.1 (1 of 2 required studies)

How long is this project?
- Year 1: Now thru December 2023
- Year 2: January 2024 thru December 2024
*Participation is 1 year = credit for 1 year. You do not need to participate in both years
Decreasing "No show" appointments for patient in active treatment by identifying and understanding barriers in your community and implementing interventions

Focus on "no show" radiation appointments
Why No Shows for Radiation?

Charles Shelton, MD
Breaking Barriers Goals

Barriers to care exist in cancer treatments for various reasons:
- Physical
- Emotional
- Psychological
- Social
- Financial
- Ethnic
- Geographic
- Spiritual
- Cultural

**Breaks** in (Radiation) Therapy may be detrimental to outcomes:
- Systemic, and indicate a need for larger reform
- Unique to a program

**Breaks** can be measured.

*Unplanned* breaks can become data for programs to help improve outcomes through shared quality initiatives.

*Radiation Therapy compliance is one surrogate marker for overall barriers to treatment*

**Goal:**
By December of 2023, reduce the rate of “no-shows” to radiation therapy treatments by 20% from each participating program’s individual baseline.
Breaking Barriers: Why start with Radiation visits?

Radiation therapy provides....

Typically daily treatments (M-F)

Treatment course ranges from 15-45 fractions

Facilities typically use a record-and-verify system

This matters because...

Provides immediate data

Provides lots of data points

Provides access to data on elapsed time and planned vs actual treatment
Data, Quality Improvement, and Accreditation
Breaking Barriers: What data will you be asked to provide

1. Patients who had scheduled appointments
   - How many patients completed all visits?
   - How many missed visits?

2. Reasons for patients missing appointments
   - Transportation, employment, caregiver responsibilities, psychosocial concerns
   - If available, at first; then for everyone

This data will be collected prospectively - we do not need to look back.
**Include:**
- All patients scheduled for a 15-35 day prescribed course of treatment
- Patients between the ages of 18-99

**Exclude:**
- SBRT and ultra-fractionated regimen patients (< 15 days)
- Palliative radiation patients
- Patients that did not receive treatment due to office systems (e.g., machine down, office closed for any reason)
- Patient that were unable to show due to weather/environmental events

**“No Show” Definition:**
- The patient did not call to reschedule or give notice *at least 24 hours in advance*

*A webinar recording with demonstrations of how to pull and track this data will be made available in February*
No patient-facing identifiable data will be collected

Data will only be collected in aggregate, whole numbers

Pre-/Post-Surveys: will collect data on current practices, perceived barriers and facilitators, and organizational readiness and are not provider/staff specific

ACS Cancer programs has submitted an IRB application for exempt/non-human subjects research status
Two Project Phases Over 2 Years

Year 1
- Feb-May 2023
  - Submit Baseline data
  - Complete a community scan using recommended data sources
- June-December 2023
  - Develop a system for outreach
  - Begin tracking reasons for missed appointments
  - Begin building community relationships for referral purposes

Year 2
- January-July 2024
  - Identify at least 1 barrier to care commonly reported from your year 1 data
  - Implement an intervention to support the long-term sustainability of that barrier
- August-December 2024
  - Focus on sustainability and scale-up opportunities
For year 1: How much time is required?

We approximate 12 hours of time per year will be spent on:

- Submitting 1 pre and 1 post survey
- Submitting 4 rounds of metric data
- Attending/viewing 5 webinars

This time does not include any team huddles/meetings, time spent on PDSA (improvement) cycles, or collecting other information.
Consider participating if you are interested in findings answers to the following questions

• Do you know the radiation treatment “no show” rate at your radiation clinic?
• Do you know why patients “no show”?
• Is there a mechanism in place to ask patients why they “no showed” for treatment?
  • If yes, have you tried to improve the “no show” rate?
• Are you aware of community resources to help patients overcome the barriers to decrease the “no show” rate?
How will we submit data?

- REDCap is a web-based interface secure to the ACS
- You do not need to purchase software to enter data into REDCap
- A link will be sent to the primary contact’s email at each data collection interval
Breaking Barriers: Next Steps

Complete application

- Complete application by February 28
- Get support of radiation oncology department and cancer committee

Build a team

- Physician champion
- Project lead
- Member of Radiation Oncology team
- Data analyst/support
- Nurse navigator or similar
- Patient or patient advocate with lived experience

Begin Project

- Prospectively assess current “no show” rates
- Assess existing strategies for tracking and outreach to patients
- Evaluate internal workflow
- Assess IT needs
- Complete a community scan to understand patient population, needs, and existing resources
## Resources Available to You

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<th><strong>Icon</strong></th>
<th><strong>Resource</strong></th>
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<tbody>
<tr>
<td>🎬</td>
<td>Webinars, A Project Details document, and FAQ</td>
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<tr>
<td>📁</td>
<td>Technical Assistance from the project team</td>
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<tr>
<td>🔧</td>
<td>A change package with helpful implementation tools</td>
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<tr>
<td>🎉</td>
<td>Opportunities to learn from each other</td>
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February 28: Application due
Prepare for community scan

April 30: Pre-survey due, letter of support due, baseline data due
Q & A

Email cancerqi@facs.org
March 1\textsuperscript{st}
- NAPBC 2024 Standards, Optimal Resources for Breast Care

March 2\textsuperscript{nd} - 4\textsuperscript{th}
- Learn Quality Improvement basics and how-to examples that apply to cancer programs to assist your colleagues with QI studies back home.
- Hear the success stories with implementing the operative standards and synoptic reporting that you can apply at your accredited program.
- Improve the quality of your cancer registry data with a deep dive into the basics of AJCC staging requirements and learn more about the newest AJCC protocols.

Offering more than 20 CME/CNE/CE credits (pending approval)

Or search for Cancer Events and Education
Email us at: Cancerprogramsevents@facs.org