

Breaking Barriers: Addressing No Shows to Improve Access to Care: A Two-Year Quality Improvement Project

Year 1 Project At A Glance

What is Breaking Barriers?

Breaking Barriers is a national Quality Improvement Project sponsored by ACS Cancer Programs that seeks to understand how reducing missed radiation therapy appointment (“no-show”) rates can support access to high quality oncology care for all patients in diverse communities and care settings.

The goal of this project is to:

- Build program capacity to identify barriers to cancer patients receiving timely and complete radiation therapy and then implement sustainable solutions to address the identified barriers.
- By the end of the improvement period, reduce the rate of “no-shows” to radiation therapy appointments by at least 20% relative to each participating program’s individual baseline (example 20% reduced to 15%)
- Build and continually expand partnerships with local, regional, and state organizations that address social related health needs impacting access to healthcare
- Build a repository of best practices for addressing barriers to care that may serve as exemplars to other programs that could be adapted to varied practice environments beyond radiation oncology.

Year 1 will focus on baseline data collection, gaining an understanding of the unique needs of patients with cancer in your local community, developing a system of outreach to patients, and prospectively tracking reasons for missed appointments.

Year 2 will focus on selecting one or two concrete reasons for missed appointments and implementing interventions (including community based referrals) to sustainability mitigate the impact of that barrier on patients. Scalability and sustainability will also be a focus.

You may participate in either or both years and participation in year 1 is not contingent upon participation in year 2. **The remainder of this document outlines the activities and requirements for year 1.**

Why is this important?

Barriers to care exist in cancer treatments for various reasons (physical, emotional, psychological, social, financial, ethnic, geographic, spiritual, cultural, etc.) Some of these are anticipated barriers (e.g. toxicity from chemo XRT in head and neck cancer), and some are not (DVT/PE in LC patient). Some barriers are modifiable while others are not.

Breaks in (Radiation) therapy can be potentially detrimental to outcomes and often relate to both predictable and unpredictable factors. These breaks to planned therapy can be systemic, and indicate a need for larger reform (e.g. overall better supportive care), or they can be unique to a program. Breaks can be measured, and unplanned breaks can become data for programs to help improve outcomes through shared quality initiatives. Radiation Therapy is a good model in which to measure barriers to care as it involves daily treatments over a period of weeks and is usually consecutive over the course of a standard week, Monday- Friday. Additionally, all RT facilities use record-and-verify systems that log treatment delivery and number of elapsed days for planned and actual treatment completion

Who should participate?

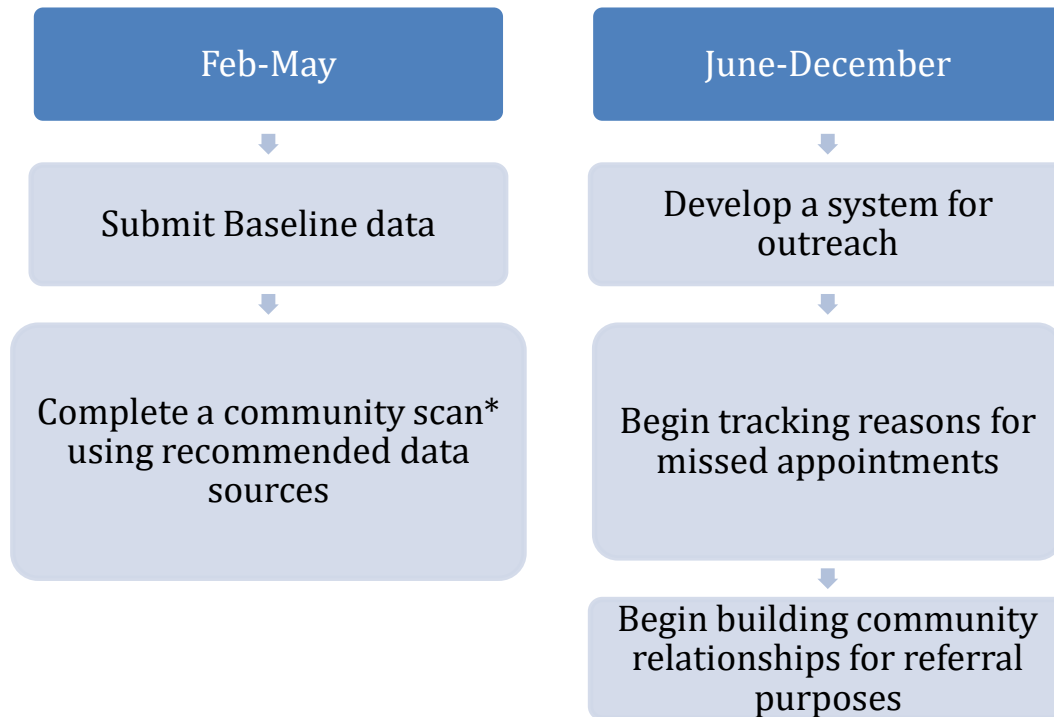
Programs interested in improving systems and workflows and building internal and community partnerships to implement innovative solutions in reducing barriers that cause cancer patients to miss and/or not complete recommended radiation treatment may be interested in participating.

We strongly recommend you form a core QI team that fulfills the following roles:

- Physician champion: serves as a conduit between leadership and frontline staff
- Clinician project leader: supports the day to day activities of the QI project
- A member of the radiation clinic team: grounds the team in the day-to-day processes of the radiation clinic
- Data analyst/data support: a dedicated person to analyze, interpret, and submit data
- Nurse navigator, social worker, behavioral health clinician: facilitates internal and external referrals, can provide behavioral counseling, and is familiar with local, state, and national resources
- Community outreach person
- When possible, an individual with lived experience (ie a current or former patient): this person will be invaluable to helping shape systems for outreach and informing interventions

*Note: one person may serve in more than one role, but a minimum of 3 people on the core QI team is required.

What will you do?



Step 1: Present project to cancer committee and radiation team. Form a core QI team and discuss participation with cancer committee. Obtain letter of support (a template is available) from the radiation clinic.

Step 2: Prospectively, assess current “no-show” rate. Tools and tracking sheets will be provided to support data collection.

Step 3: Assess current strategies and systems for follow up with patients for missed appointments. Identify barriers and facilitators to building new or enhancing existing follow up systems.

Step 4: Consider community context and local patient needs. While more information on implementable changes is listed in the Breaking Barriers Change Package, evaluate your internal workflow and assess your information technology needs.

Step 5: Develop a system for reaching out to patients that do not show up for appointments. You will want to consider ways to outreach, a script for eliciting reasons for missed appointments, and mechanism to track reasons for now shows. If you ready already a system in place for reaching out to patients, evaluate its effectiveness and efficiency prospectively.

*Assessing your own community needs and resources using the GW Toolkit or other tool. More guidance will be given via project website and webinars

Step 6: Annotate where/when interventions were implemented and how that impacted your program's ability to offer assistance

Step 7: Meaningfully participate and engage in the QI project. Over the course of the yearlong QI project, you will be submitting data (see below) and it is strongly recommended you participate in webinars and coaching calls, as needed.

What data will be collected?

Pre/mid/post survey:

- Collected via REDCap in April 2023, December 2023

Measures: Collected bimonthly

Include:

- All patients receiving between 15-45 fractions between the ages of 18-99 scheduled for radiation therapy treatment in the given time period in up to 3 disease sites (eg: lung, head and neck, breast, prostate, rectum)
- Only non-palliative radiation therapy patients

Exclude:

- SBRT and ultra-fractionation regimen patients (1-14 treatments)
- Cancelled appointments due to office systems (machine is down, short staffed, clinic closing early)
- Cancelled appointments due to environmental factors (hazardous weather, natural disasters, etc)

1. Numerator: Number of patients who completed all scheduled visits in [the time period]
Numerator: Number of patients who missed 3 or more scheduled visits in the time period
Denominator: All number of patients with scheduled appointments in [the time period]

2. Please select all known reasons why patients did not show up for treatment (check boxes)
- a. Transportation concerns
 - b. Patient sick (not due to treatment)
 - c. Patient toxicity concern (due to clinical concern from treatment)
 - d. Patient is hospitalized
 - e. Financial concerns
 - f. Psychosocial concerns (feelings of anxiety depression) about treatment
 - g. Childcare cancelled or closed
 - h. Conflict in appointment with another provider/appointment
 - i. Patient employment

- j. Patient did not want to wait for treatment after arrival (wait time)
- k. Decided to seek treatment elsewhere
- l. Does not wish to continue treatment
- m. Does not wish to answer reason for no show
- n. Outreach attempted; unable to reach patient
- o. We do not have a system that tracks reasons
- p. Other

Note: No patient identifying information will be collected. All metric data will be collected in aggregate via whole numbers.

What is the benefit of participating?

Access to asynchronous learning materials, toolkits, didactic webinars, and one on one coaching and technical assistance, as needed.

Bi-monthly aggregate data reports to benchmark program progress against aggregate project benchmark

Collaborate and network with peer programs and national leaders on addressing barriers to cancer care

Earn credit for CoC standards 7.3 and 8.1 or NAPBC standards 2.2 and 6.1 (one of two studies)

Opportunity to showcase innovations and learnings at future ACS conferences

What is the time commitment?

Your team will submit baseline data and 4 rounds of data [metrics]. A brief pre/post survey, collected via an online survey tool, will also be collected in March of 2023 and December of 2023.

Four didactic webinars will be offered. One person from each team is strongly encouraged to be in attendance on each call, unless clinical care interferes.

We estimate approximately 12 hours of time dedicated to data entry and webinar participation over the course of one year. This does not include time spent on team meetings or huddles to discuss data and PDSA cycles.

Timeline and Important date

Date	Event
January 13	Informational webinar at 12pm CT, Application opens
Feb 28	Pre-survey due- Programs begin tracking scheduled pt appts
March	Webinar
April 30	Data due for March 1-April 15 patients
May	Webinar
June 30	Data due for April 15-June 15 patients
July	Webinar
August 30	Data due for June 15-August 15 patients
September	Webinar (or smaller group calls)
October 30	Data due for August 15-October 15 patients
November	Webinar (or smaller group calls)
December 30	Data due for October 15-December 15 patients

Optional and as needed “office hours” and small group calls will be offered

