Breaking Barriers: We're halfway there!

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Disclosures

Nothing to Disclose

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Overview

- Brief review of project
- Results of Year 1
- What to expect in year 2

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Quick review

- QI project for CoC and NAPBC programs
- Accreditation for 2 standards per year (either CoC or NAPBC)
- Identify barriers to missed appointment during active treatment
  - Defined as 3 or missed RT appointments over a prescribed course
  - Analyzed by programs type, region and cancer subtype

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Breaking Barriers Year 1 Goals

- Programs form a QI team at the local level
- Enrolled programs develop a system to capture missed radiotherapy appointments
  - Develop a way to reach out to patients and track reasons for missed appointments
  - Leverage reports in Aria and Mosaiq
- All programs complete a local community scan
- Programs consider root causes for missed appointments
- Programs report to Cancer Committee and other stakeholders

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Participating Programs

- 341 Total Programs
  - 336 (98.5%) programs identified patients who missed ≥ 3 radiation treatments

Type of Program	N (%)
Academic	36 (11.2%)
Comprehensive Community	94 (27.0%)
Community Cancer Program	55 (16.4%)
Integrated Network	105 (30.1%)
Other	51 (15.3%)

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No Differences in Missed Radiation Treatments by Facility Type

Facility Type	Median (IQR)
Academic	9.1% (5.6%-19.2%)
Community	7.6% (3.7%-12.5%)
Comprehensive Community	7.8% (4.5%-16.2%)
Integrated Network	7.4% (4.3%-12.5%)
Other	7.1% (2.4%-14.3%)

p=0.312

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Differences in Missed Radiation Treatments by Geographic Location

Geographic Location	States	Median (IQR)
Northeast	CT, MA, ME, NH, RI, VT, NJ, NY, PA	13.9% (9.5-19.1%)
Midwest	IL, IN, MI, OH, WI, IA, KS, MN, MO, ND, NE, SD	14.7% (7.7-21.6%)
South	DC, DE, FL, GA, MD, NC, SC, VA, WV, AL, KY, MS, TN, AR, LA, OK, TX	13.2% (8.6-21.1%)
West	AZ, CO, ID, MT, NM, NV, UT, WY, AK CA, HI, OR WA	8.8% (5.3-17.4%)

p=0.037

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Differences in Missed Radiation Treatments by Disease Site

	Total No. patients missed ≥3 radiation treatments	Percentage of at-risk patients
Disease Site		
Gyn	260	17.5%
Upper GI	194	12.5%
Lung	765	12.4%
Head & Neck	1189	14.7%
Breast	1004	5.6%
Prostate	689	6.8%
Rectum	208	18.5%
Other	1098	7.7%

p<0.001

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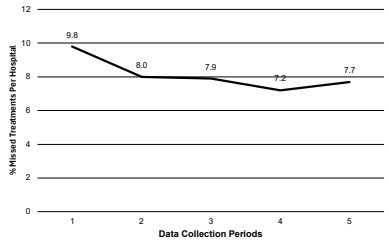
Missed Radiation Treatments Over Time



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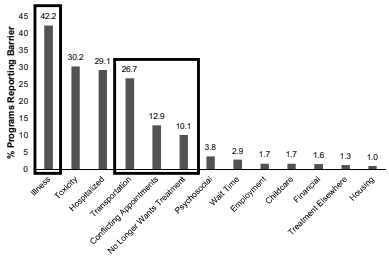
Reasons for Missed Radiation Treatments



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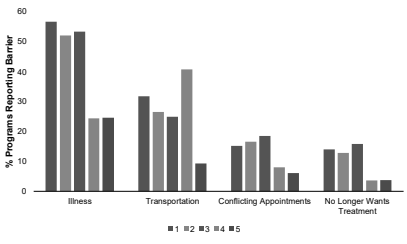

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Year 1 Successes

329 total programs

93.2%
have been able to **identify the most common barriers** for why patients miss scheduled radiation treatments

93.2%
have been able to **prioritize which barriers will have the most impact** on reducing missed appointments at your organization/program

100%
of programs developed a system to follow up with patients that missed appointments

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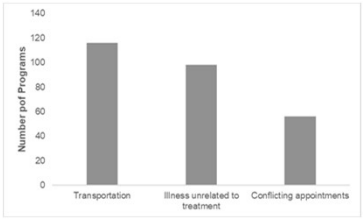
Barriers Chosen to be Addressed



70.6% of programs already have a plan to address these barriers!

61.1% of programs have already identified programmatic and/or community referrals

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Breaking Barriers
Year 2 Overview

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Goals in Year 2

- Form a local team
- Identify at least one barrier
- Develop a problem statement and goal
- Implement an intervention from the toolkit
- Report Data (via REDCap)
- Meet with small group cohort based on barrier

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Problem Statement

- A brief statement on why your program is pursuing the project
  - Who does the problem affect?
  - When was the problem found?
  - Where is the problem happening?
  - How often is the problem happening?
  - What is happening that shouldn't be?
  - What didn't happen that should be?

Smart Goal Statement

- A statement on what you want to achieve by when:
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Timely

*Don't forget to consider limitations and stakeholder involvement!

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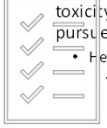
Toolkit Interventions

Toolkit is organized by:

- Barrier
  - Intervention
  - Strategies (national and local)
  - Links to help resources
    - Brochures, videos, conversation starters, etc
- Posted to our project website
- Use your own or send it to us to add to the toolkit!



- Illness unrelated to treatment toxicity/No longer wishes to pursue treatment
  - Health literacy (Intervention)
    - Strategy: Check for Understanding
      - Example conversation starters
    - Brochures and Videos
      - Links to patient facing and provider facing resources

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Timeline

Tentative date	
Jan-Feb	Convene as a team Identify barrier Revisit community scan Write your problem and goal statements
March	Data collection for new program close March 1* Review toolkit and develop plans to operationalize intervention
April 30	First data collection due (patients seen Feb 1- March 30)
May	Small group call
June 30	Data Collection (patients seen April 1-May 31)
July	Small group call
Aug 31	Data Collection (patients seen June 1-July 31)
Sept	Small group call
Oct	Data Collection (patients seen Aug 1-Sept 30)
Nov	
Dec	Wrap up Webinar

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Why Participate

- 2 standard credit (either CoC or NAPBC)
- Learn to do a QI project
- WITH SUPPORT!
- Figure out why patient miss active treatment appointments
  - Good for patient care
  - Good for the institution
  - Can be upscaled

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Recommendations for New Programs

- If you want to participate in Year 2 but did not participate in Year 1:
- Review webinars from year 1 (posted on the project website)
- Use data to identify a barrier
  - Need to separate out by disease site
- Complete a community scan (resources on the project website)

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Applications Due March 1

Cancergi@facs.org

Follow Us on Social Media

facs.org/quality-programs/cancer-programs/ ACS Cancer Programs @AmColSurgCancer

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Thank you

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