

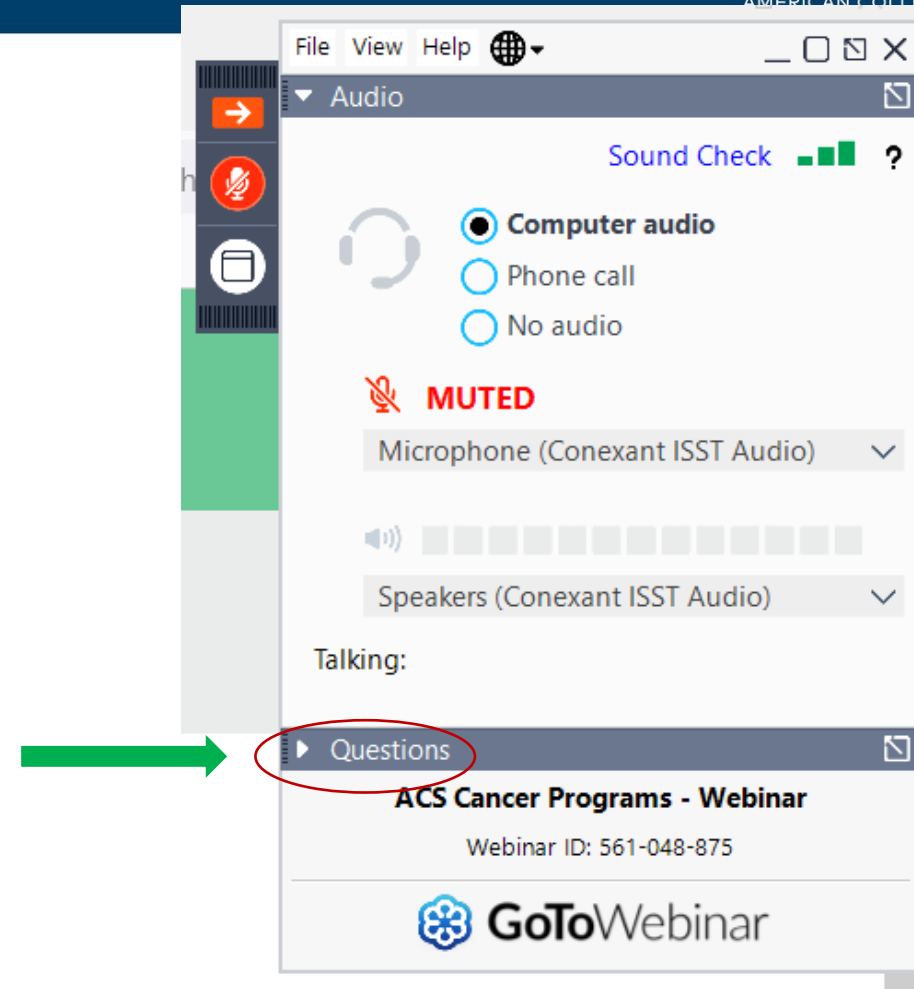
# Breaking Barriers: An ACS Cancer Programs National Quality Improvement Project

Informational Webinar

January 13, 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 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

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



- 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

## 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**

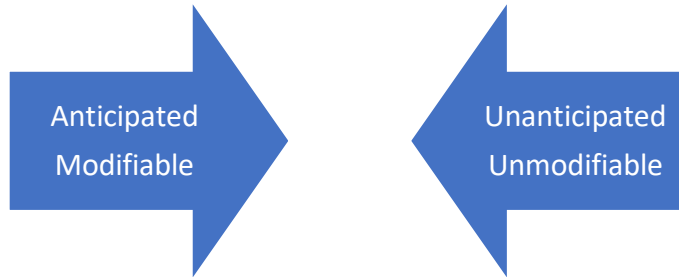


# Why No Shows for Radiation?

Charles Shelton, MD

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

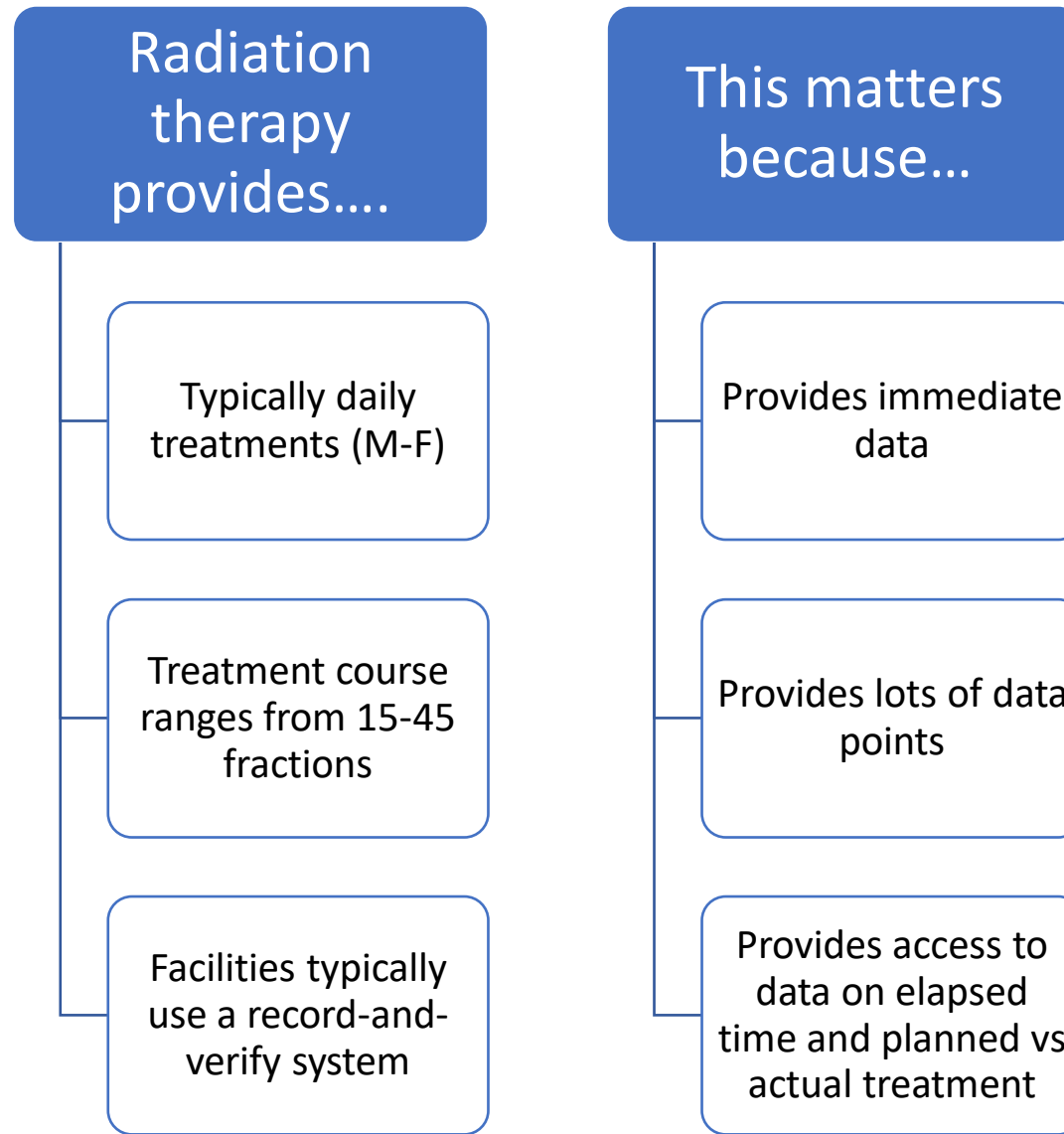
**Breaks** can be measured

**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



# Data, Quality Improvement, and Accreditation

## 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

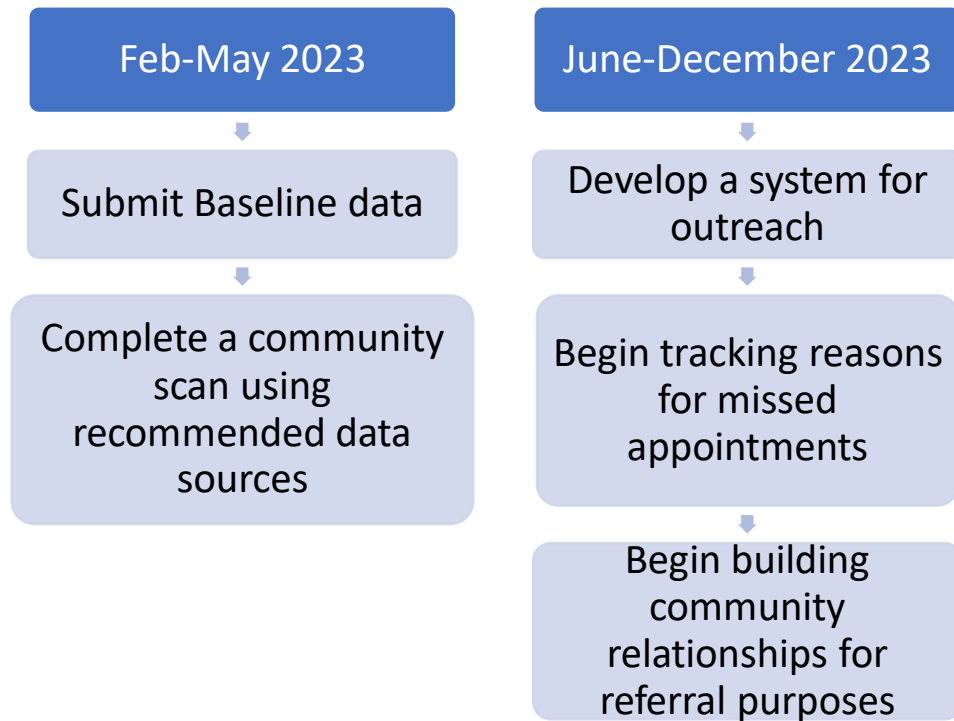
Data will only be collected in aggregate, whole numbers

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

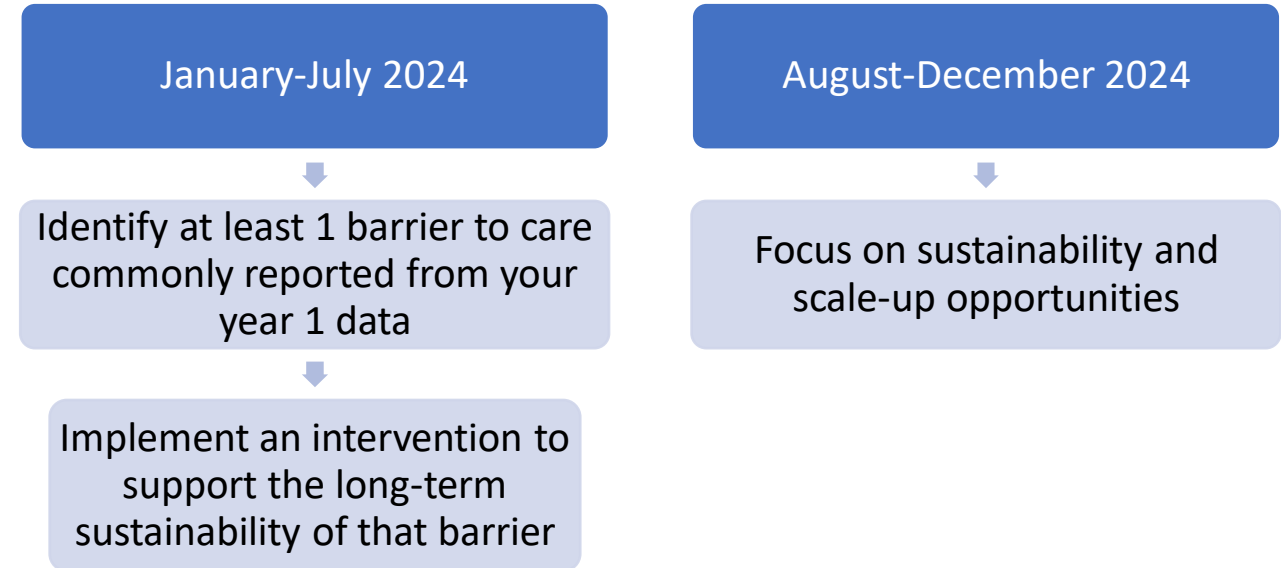
ACS Cancer programs has submitted an IRB application for exempt/non-human subjects research status

# Two Project Phases Over 2 Years

## Year 1



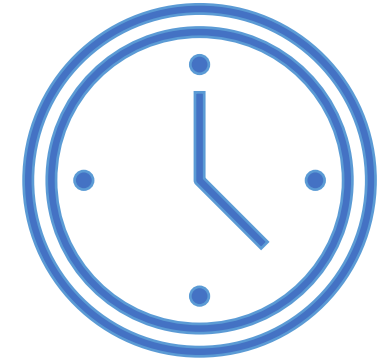
## Year 2





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?

- 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

**ACS Cancer Programs** American College of Surgeons

AAA  
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### Data Metrics

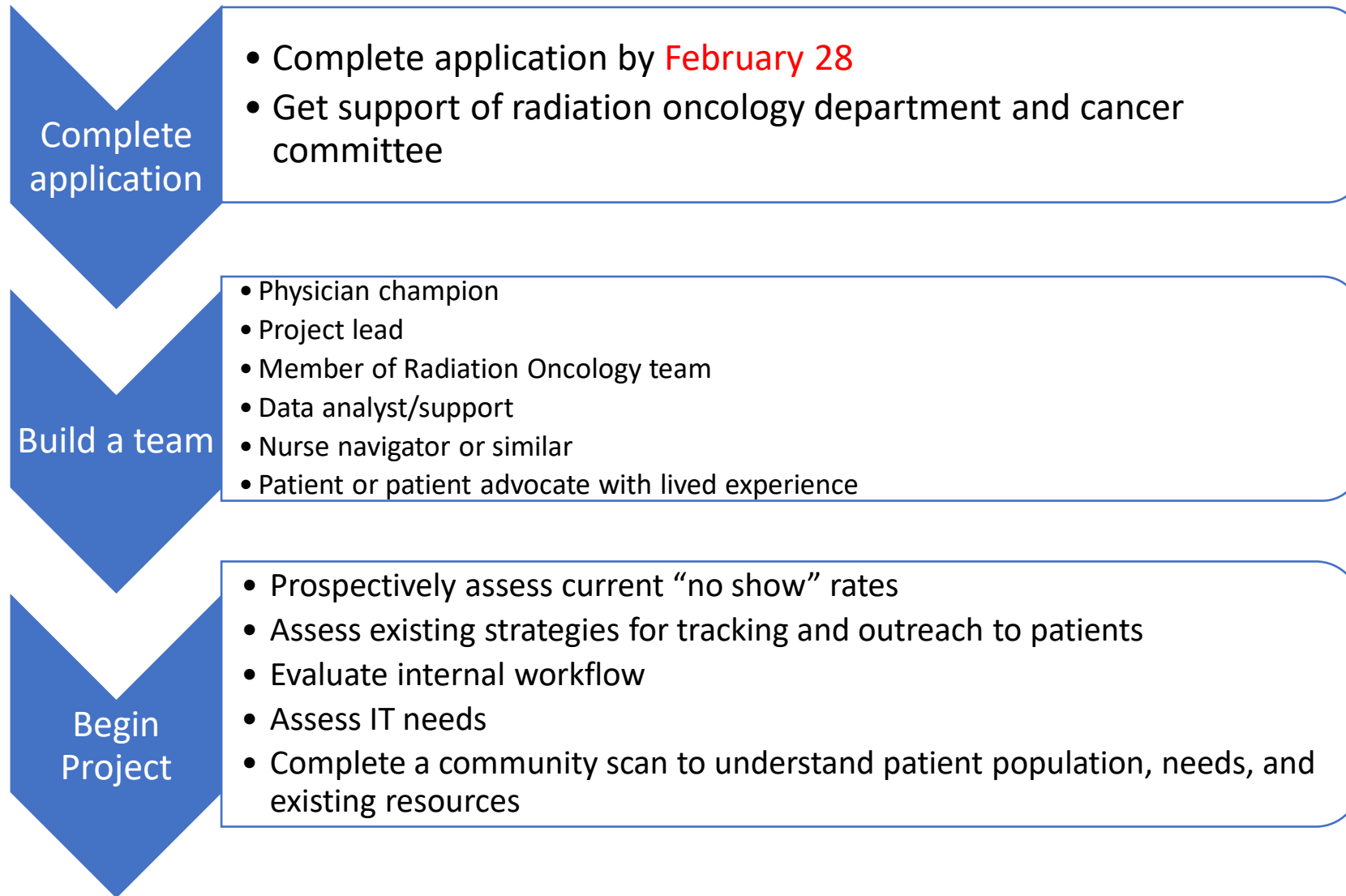
Include:

- All patients receiving between 15-35 fractions between the ages of 18-99 scheduled for radiation therapy treatment in the given time period in up to 3 disease sites (ex: lung, head and neck, breast, prostate)
- All non-palliative radiation therapy patients

Exclude:

- SBRT and ultra-fractionation regimen patients
- Cancelled appointments with more than 24 hours advance notice from patient or patient proxy
- Cancelled appointments due to office systems (machine is down, short staffed, clinic closing early)
- Cancelled appointment due to clinical concerns (toxicity)
- Cancelled appointments due to environmental factors (hazardous weather, natural disasters, etc)

1) For which disease site are you reporting patients? <i>* must provide value</i>	<input type="text"/>
2) For ____ patients, how many total patients were scheduled for appointments in this time period? <i>* must provide value</i>	<input type="text"/>
3) For ____ patients, how many completed ALL scheduled visits in this time period? <i>* must provide value</i>	<input type="text"/>





Webinars, A Project Details document, and FAQ



Technical Assistance from the project team



A change package with helpful implementation tools



Opportunities to learn from each other



**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](mailto:cancerqi@facs.org)

# ACS CANCER CONFERENCE

Where Cancer Care  
Comes Together

MARCH 1-4, 2023 • ATLANTA, GA

## March 1<sup>st</sup>

- NAPBC 2024 Standards, Optimal Resources for Breast Care

## March 2<sup>nd</sup> -4<sup>th</sup>

- 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)

**Additional conference information :** <https://www.facs.org/quality-programs/cancer-programs/acs-cancer-conference-where-cancer-care-comes-together/>

Or search for Cancer Events and Education

**Email us at:** Cancerprogramsevents@facs.org

The only in-person  
Cancer Programs  
Conference in  
2023!



CANCER PROGRAMS

## ACS Cancer Conference: Where Cancer Care Comes Together

The conference focuses on the cancer team and goes beyond accreditation standards to include all entities within Cancer Programs. Register today!