

## **Breaking Barriers: Addressing No Shows to Improve Access to Care: A Quality Improvement Project**

### **Frequently Asked Questions**

*This information is to help provide additional clarification about this project. Please read these FAQs. If you still need clarification, please contact us at [cancerqi@facs.org](mailto:cancerqi@facs.org)*

#### **General Participation**

**How do we participate in this project?** Programs are encouraged to complete the application for participation found [HERE](#). Deadline to submit is February 28, 2023.

**This is a two-year project. If I participate in the first year of this project, do I need to participate in the second year to earn credit for both years?** No, credit for one year is NOT contingent upon credit for another year. Simply put, if you fulfill all requirements for year 1, you will get credit for year 1. If you choose to continue to participate in year 2 and fulfill all requirements, you will get credit for year 2. If you do not participate in year 1, you can still opt to participate in year 2 and receive credit for that year.

**The deadline for the application is February 28. My cancer committee does not meet until March. Does this need to be pre-approved by the committee?** Not necessarily. We recommend obtaining support/approval ahead of time via email, if possible, and confirming participation in March meeting minutes.

**We have already selected our Quality Improvement projects for 2023. Do we still have to participate?** Participation is entirely optional. Programs that choose not to participate may use their own quality improvement studies for 2023 and follow the requirements for meeting all accreditation standards in the usual fashion.

**What if we decide to participate, then drop out?**

In order to get credit for 2023 towards the designated standards, you must fully and meaningfully participate. This includes data submission for all cycles of data, completion of a pre and post survey, active participation on webinars and small group calls. You may leave the project at any time, but you will be responsible for meeting standards independent of participation in Breaking Barriers.

**Can we select a specific cancer care or tumor specific site to focus on in this project (e.g., lung, colorectal)?** Yes, if you recognize your clinic is struggling with a specific disease site and you want to first focus attention to that site, that is allowable. However, it is expected over the course of first year you begin to expand to other sites that demonstrate the same challenges regarding missed appointments.

**Our facility doesn't have radiation, but we have on-site infusion. Rather than partnering with another organization, could our project address barriers/no shows for infusion appointments?** While it is reasonable that a program can spread lessons learned from radiation oncology to infusion or other ambulatory cancer care settings, for the purpose of this QI project and for the sake of data collection consistency, the project require partnership and tracking of radiation oncology appointments/no-shows.

**We have quarterly meetings with our radiation team. Could we manage this project with that team.** Yes, an existing partnership and meeting structure with the radiation oncology team lays a solid foundation for this work. It is recommended you meet more frequently than quarterly for the purpose of this project, but the structure and frequency of meetings is left to the discretion of the core QI team.

**We do not have a problem with our "no show" rate. Should we still participate?**

Participation is fully elective. If your program does not feel there is any room to improve your no-show rate because it is already very low or because it is not a priority or area of concern, your program may not be a fit for this project.

**Do I need local IRB approval to participate?**

The American College of Surgeons has provided an IRB exemption form, as aggregated program data is all that is submitted. There is no patient information submitted and patients do not need to sign a consent. This is not deemed human subject research. However, depending on your specific institutional policies, you may need approval from your local IRB. It is recommended that you check your local IRB policies.

## Accreditation Credit for Participation

**Is this project available for programs undergoing initial accreditation?**

Yes, we encourage participation by programs working toward their first accreditation as long the application for accreditation has been submitted and an ID number has been issued. This will be a Facility Identification Number (FIN) for CoC, or a Company Identification Number for NAPBC. This Identification Number is a required field in the initial questionnaire.

**If a program submits a project for NAPBC credit, can it also be submitted for CoC credit?**

No. The project may only be used for CoC credit OR NAPBC credit, but not both. Programs with both CoC and NAPBC accreditations should have a collaborative discussion to determine which route is best for their program. The project will apply to EITHER CoC Standards 7.3 and 8.1 OR to NAPBC Standards 2.2 and 6.1. You may not go back and change your selection once the initial questionnaire is completed.

**I want to participate in both years of the project. Can I participate and earn CoC credit this year and NAPBC Credit next year?** No. If you choose to participate for CoC credit in year 1, you will also earn credit for CoC credit in year 2. This project is related year to year and you will build upon your progress from year 1 to year 2. Data collection strategy should also remain the same throughout. For those reasons, if you elect CoC in year 1, you will also be working towards CoC credit in year 2.

**Can I earn credit for CoC standard 7.3 and NAPBC Standard 2.2?** No, this project does not allow you to "mix and match" credit. You may earn credit for CoC standards (7.3 and 8.1) or NAPBC standards (2.2 and 6.1) only.

**We are an INCP and need to complete two projects. If we participate in this project, can we also participate in another national project to earn credit?** Yes, this allowable. Please note, if not every facility offers radiation treatment services, this project would support the QI requirement for “one or more facilities” but not all facilities.

**If we are not able to document a 20% decrease in our low no show rate, will our participation still meet compliance for the standards?** Yes. If your facility and QI team participate fully and meaningfully (participate in webinars or small group calls, submit data and pre/post surveys on time, implement a tracking system and interventions related to no-shows) you will still be awarded credit.

**May participation be used to satisfy corrective action?**

Yes, participation in this project and completing requirements may be counted toward a corrective action for the standards participation will be given credit for. For example, if you have a deficiency in CoC Standard 7.3, participation may be applied towards resolving that deficiency. It may not be applied to standards other than CoC Standards 7.3 or 8.1 or NAPBC Standards 2.2 or 6.1.

## Data Collection and Sampling

**Does the project require us to capture information about the patient and will each patient need to sign a participation agreement?**

No. Patients will not sign a participation agreement or sign a consent. We are not gathering any patient data. This project only requires you submit data on no-shows and data related to time of treatment completion, in aggregate, whole numbers. Other data requested are not patient specific and relate to program systems only.

**What data specifically will we be asked to submit bi-monthly?**

Every other month you will be asked to submit the number of total scheduled visits for radiation therapy with an original treatment plan indicating between 15-45 fractions of treatment. NOTE: collecting data on patients scheduled for 15-45 fractions is a data collection strategy only. *ALWAYS follow NCCN, ASTRO treatment guidelines per disease site when developing treatment plans.*

You will then be asked to report the number of scheduled patients that attended all visits or missed 3 or more visits in the allotted time and based on initial treatment schedule. This does not include patients who rescheduled due to clinic/administrative scheduling conflicts or machinery challenges.

See the sample data collection tool on the study website for data inclusion and exclusion criteria. You will also be asked to submit metrics related to reason for missed appointment via a checkbox option. This data is collected in a two-month lag time.

**What patients are INCLUDED in the data set?**

- Patients that had a radiation therapy visit scheduled for the selected time period with a treatment plan of 15-45 fractions
- non SBRT patients
- patients that do not attend any appointment (even if advance notice is given)
- patients that will miss treatment due to a clinical concern/toxicity.
- patients that are receiving any course of treatment

- Patients receiving treatment due to a recurrence
- Patients that are receiving concurrent chemo/radiation treatment
- Patients receiving hyper fractionated treatment (each fraction is considered an “appointment” even if occurring on the same day.
- Patients receiving treatment for curative intent (the intent of treatment is long-term curative. Teams will need to more closely define this for themselves)

#### **What patients are EXCLUDED:**

- Patients receiving radiation for palliative (pain relief) purposes
- Patients receiving SBRT or Ultra fractionated treatment (1-14 treatments)
- Patient visits to see the clinician during the treatment period

#### **When is data due?**

Data is due bimonthly, the 30<sup>th</sup> day of each month (for example, no-show data from May 1-June 15 will be due June 30<sup>th</sup>. Note, no patient identifying information will be requested. Only the number of patients that did not attend 3 or more scheduled appointments. Refer to the sample data submission form linked above.

**When selecting what patients to include, is it better to choose a problematic primary site or just select cases at random for no show rate?** While this is ultimately up to the radiation clinic, we recommend choosing a primary site or sites to submit. Your data submission strategy should be consistent across all data submission cycles, so identifying a site (or sites) and submitting all patients for that site will be easiest to replicate over time. You may also find your no-show rates are different amongst the different sites (should you choose to submit more than one site) and it will be easier to see variation in disease sites this way.

**How many patients do I need to include in my sample?** This will vary by program. Smaller programs are encouraged to submit all their patients to get a bigger sample size and be able to see trends and make inferences over time. Larger programs may only submit a portion of their population or one disease site to see trends over time. The project team is currently working on more clear guidance and will share the data sampling strategy in February.

**Can we choose to only focus on one disease site?** Initially, yes. You may choose just one site to focus on, with the understanding that over time it is expected you scale and spread to other disease sites.

**Our EHR does not include this information. How can we capture this data?** Some offices will need to pull this data from an appointment scheduling software such as ARIA or MOSAIQ. Others may use a manual registry to track missed appointments. A sample registry will be provided as an example (this will not be collected and is for your information/reference only). There will also be a recording showcasing examples from different radiation clinics demonstrating how they go about tracking this data. You may need to coordinate with your IT or radiation scheduling department to report this data. It is likely cancer registrars will not have access to this data. This data is reported in near real time.

#### **Our program uses multiple EHRs and does not have 2022 data abstracted yet. How are we to find/report the data?**

Baseline data will be collected prospectively, meaning you do not need to go back in records to obtain this data. You will be required to develop a system moving forward to collect this data. How each program goes

about collecting this data prospectively is entirely up to the individual program. The National ACS team will provide resources and examples in a subsequent webinar for how to collect this data. This QI project uses near real time data for reporting purposes. Data submitted is reflective of the two previous months. If your data is not abstracted in real time, you may need to discuss with IT, central scheduling, or other administrative personnel to find this data.

## Documentation Questions

### **What do we need to submit to let the CoC/NAPBC know we are participating? Where is it submitted?**

You do not need to let the CoC/NAPBC know you are participating. Once you complete the pre-survey survey (due February 28) you will be considered fully enrolled.

### **What documentation do we need to keep for our Pre-Review Questionnaire (PRQ)?**

You will download a final attestation form at the end of the project. This will need to be uploaded to demonstrate your 2023 compliance in your Pre-Review Questionnaire (PRQ) during the year of your next site visit. It is recommended that you also keep any additional documentation related to your selected intervention(s) and data tracking methods such as run charts, PDSA worksheets, and community maps. Additionally, discussion must be included in the minutes from your Cancer Committee or Breast Program Leadership Committee (BPLC) meetings.

## NAPBC Specific Questions

### **Our program sees breast cancer patients across all of our cancer care areas. Do we have to separate out just the breast patients in order to get credit, or may we use our total data if needed?**

Data reported for NAPBC credit is ideally representative of only your breast cancer population.

### **It appears credit for NAPBC standards 2.2 and 6.1 are 2018 standards. Which standards will this crosswalk to for the 2024 standards?**

This crosswalks to NAPBC 2024 standards 5.8 and 7.2

**If we choose breast and another site, can we use breast patients for NAPBC credit and the other site for CoC credit?** No, you may only earn CoC OR NAPBC credit, not both. If participating for NAPBC credit, you must include breast radiation patients and ideally, you do not include any other disease sites. If you are participating for CoC credit, you may include breast patients in addition to other sites.

### **If a NAPBC program does the Breaking Barriers project does it satisfy Standard 6.1 for 2023?**

No. Programs are required to complete two quality studies for Standard 6.1, one of which must be a center-specific study. Participation in the Breaking Barriers project does **not** count towards that center-specific study. You will need to do a center-specific Quality Improvement study to fully satisfy the requirement for NAPBC Standard 6.1.

### **Can Breaking Barriers and a specialty-specific quality improvement program (e.g. QOPI, TOPS) be used to meet Standard 6.1?**

No. Participation in the Breaking Barriers project does **not** count towards that center-specific study. You will

need to do a center-specific Quality Improvement study in addition to Breaking Barriers or PROMPT to fully satisfy the requirement for NAPBC Standard 6.1.

**Can a program fully comply with Standard 6.1 by doing the Breaking Barriers project?**

No. A center-specific study must be completed in addition to the Breaking Barriers project.

## CoC Specific Questions

**By completing the Breaking Barriers project, can programs get credit for CoC Standards 7.3 and 8.1, for the same work? We know that usually this is not the case, and you can only get credit in one standard area for a project.**

We are giving credit for multiple standards for participation in this project. Programs will get credit for CoC standards 7.3 and 8.1 if they complete all required elements of the project. Programs are receiving credit because there is the additional burden of monthly data submission and attendance on calls. Credit for standards has been reviewed and determined commensurate with amount of time and effort programs are required to complete as part of participation in this project.

**If we complete the Pre/Post survey and data submission in the Breaking Barriers project, do we also need to complete the Standard 7.3 Quality Improvement Initiative or Standard 8.1: Addressing Barriers to Care templates?**

No. You will download a final attestation form at the end of the project. This will need to be uploaded to demonstrate your 2023 compliance in your Pre-Review Questionnaire (PRQ) during the year of your next site visit. It is recommended that you also keep any additional documentation related to your selected intervention(s) and data tracking methods such as run charts, PDSA worksheets, and community maps.

**For network (INCP/NCIN) programs, is this project done at the network parent level? Or must it be done at each of the children?**

Any site that provides radiation oncology therapy must submit data. Child sites that do not provide radiation therapy must still complete the first survey and "attest" that they do not provide this service on site. They will be exempt from subsequent data submission, but they are encouraged to attend webinars, any team meetings about this project, and participate in a community scan. Note, if radiation oncology services are not offered at every child site, this QI project is relevant for one or more facilities within the network and would NOT count as a project that includes all facilities.