

# Breaking Barriers: Ask the Expert, Ask your Peers

July 12, 2024

# Logistics- We're on Zoom!

- Please mute yourself!
- Don't put us on hold!
- This meeting is being recorded and slides will be available on the project website ~5 days after this call BUT breakout room discussion is NOT recorded
- Please complete the post-webinar evaluation you will receive via email

# Introducing our Speakers



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



**Kelley Chan, MD, MS**  
General Surgery Resident, Loyola  
Clinical Scholar, ACS Cancer  
Programs

# Agenda for today

- Welcome
- Data
- Programmatic Reminders
- Breakouts
- Regroup- Final Announcements
- Adjourn



# Breaking Barriers Year 2 April- May Data Collection

Kelley Chan

# Total Disease Site Submissions

- 690 total submissions across all disease sites
  - 345 had patients with 3 or more missed appointments (50.0%)

Disease Site	Programs reporting on this site, n	Programs with patients missing $\geq 3$ appointments (n, %)
Breast	143	73 (51.0)
Upper GI	43	19 (44.1)
GYN	60	20 (33.3)
H&N	119	74 (62.2)
Prostate	103	39 (37.9)
Lung	98	58 (59.2)
Rectum	50	25 (50.0)
Other	74	37 (50.0)

# Total Patient Submissions

- 10653 total patients scheduled
  - 779 patients with 3 or more missed appointments (7.3%)

Disease Site	Total patients scheduled, n	Patients missing $\geq 3$ appointments (n, %)
Breast	3950	196 (5.0)
Upper GI	422	30 (7.1)
GYN	341	47 (13.8)
H&N	1103	142 (12.9)
Prostate	1667	95 (5.7)
Lung	908	119 (13.1)
Rectum	213	37 (17.4)
Other	2049	113 (5.5)

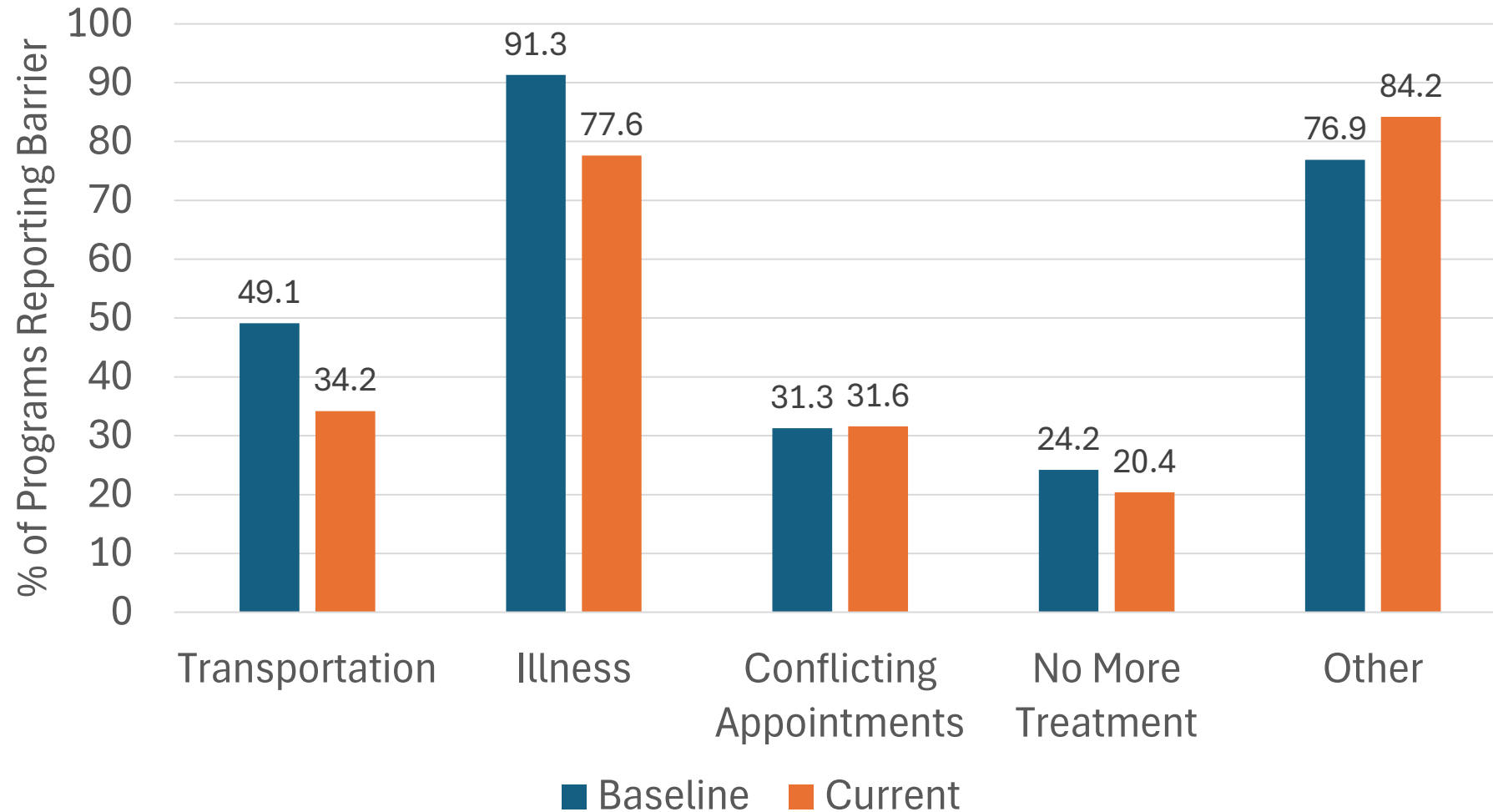
# Hospital Level Analysis

- Median per program 7.3% (IQR 0.3-15.4%)

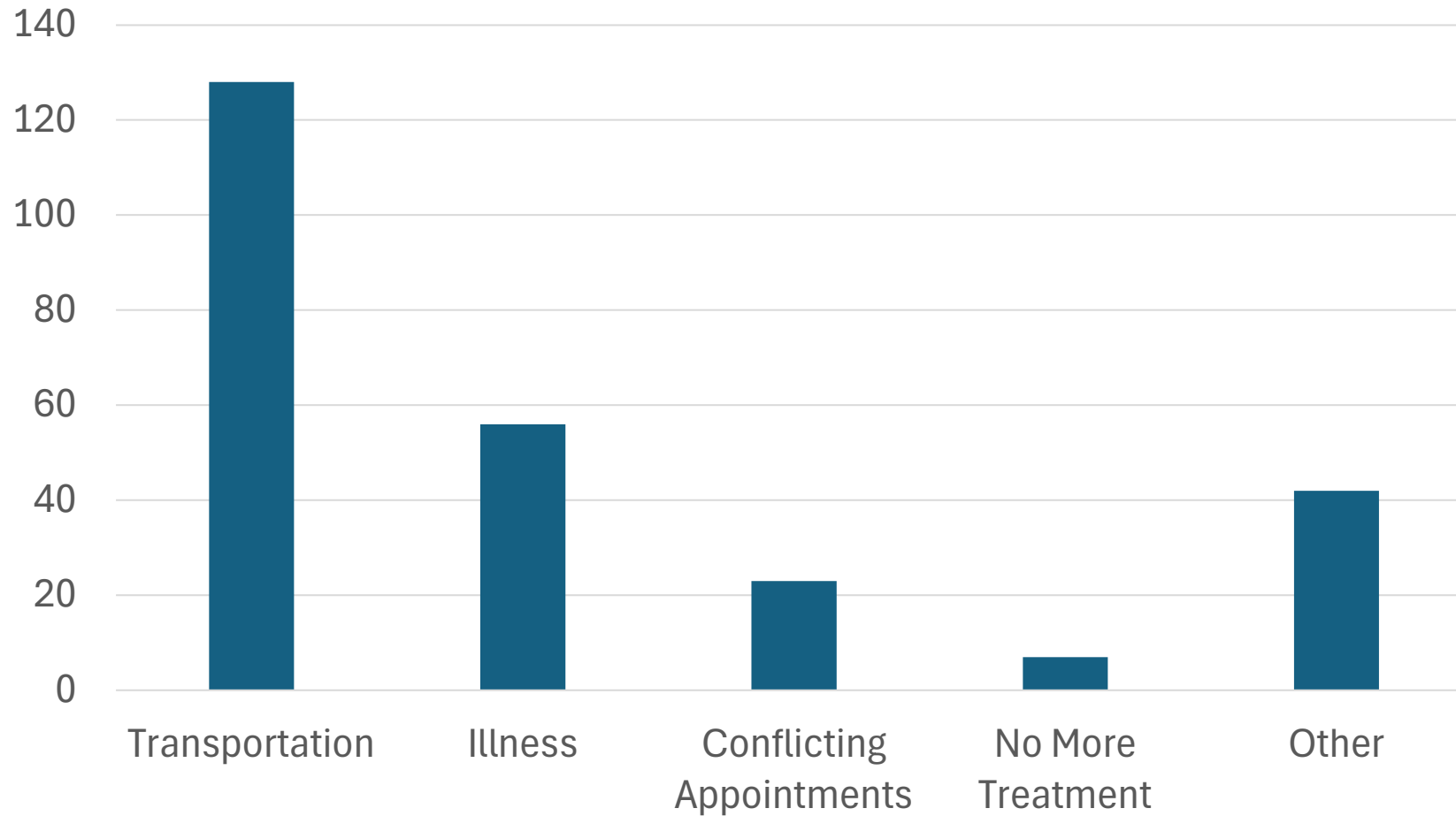
Program Type	Number of programs, N=200	Median % per type (IQR)	Mean % per type
Academic	26	9.1% (0-25%)	12.8%
Community	58	0% (0-12.5%)	8.8%
Comprehensive Community	35	3.4% (0-14.3%)	12.3%
Integrated Network	71	0% (0-14.8%)	10.2%
NCI	4	3.7% (0-14.3%)	8.5%
Other	6	24.4% (12.5-50%)	36.6%



# Reasons for Missed Radiotherapy

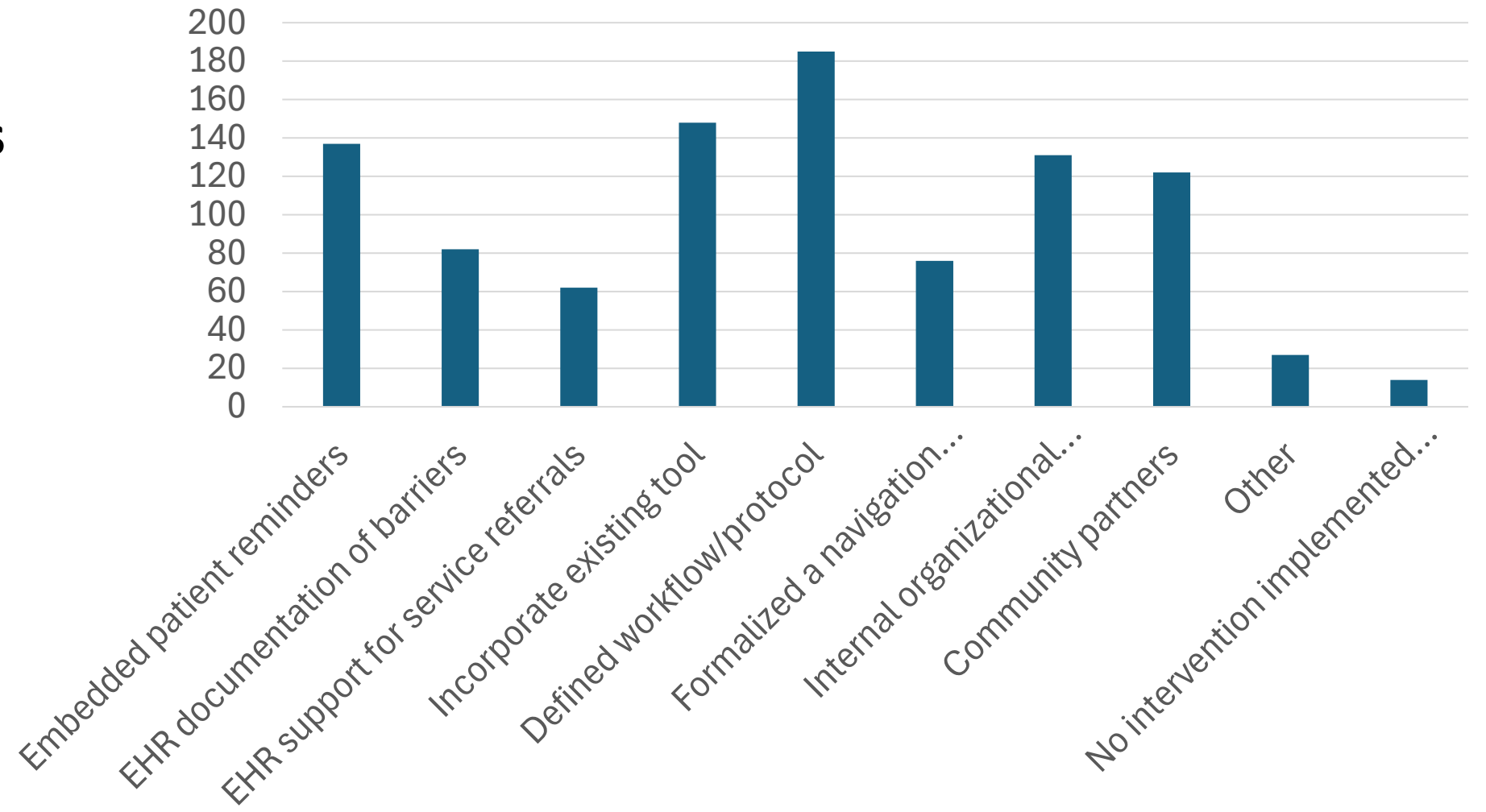


# What barriers are you addressing?



# Which strategies has your team been working to implement during this time?

**Median strategies per program :  
3 (IQR 2-5)**



# Programmatic Reminders

Laurie Kirstein



# A note on what to focus on

- Modifiable conditions:
  - Transportation
  - Patient illness not due to treatment
  - Health literacy
  - Conflicting appointments
  - Housing, food insecurity, financial toxicity
  - Side effects due to treatment (nutrition)
- What is not modifiable
  - Weather
  - Machine down
  - “patients are not showing up”
  - Patient hospitalized due to treatment side effects

# Toolkit

## Breaking Barriers Quality Improvement Collaborative

Title Print Share Bookmark

Breaking Barriers is a national Quality Improvement Project sponsored by ACS Cancer Programs that seeks to understand how reducing missed radiation therapy appointments ("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 20% from each participating program's individual baseline.
- 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.

Please submit questions to [qcsc@acs.org](mailto:qcsc@acs.org).

Year 1



Year 2



[Breaking Barriers 2024 New and Returning Participants-Application](#)

[Participant Info](#)

[Full Survey \(new participants only\)](#)

[Data Metrics](#)

[Breaking Barriers Year 2 At-a-Glance](#)

## Breaking Barriers Toolkit

The American College of Surgeons Cancer Programs offers this "Breaking Barriers" Toolkit to help you and your colleagues address the most common barriers that will increase patient compliance with care.

The Toolkit is organized by the most prevalent barriers identified through baseline data collection results. They include: (1) transportation issues, (2) illness unrelated to treatment toxicity, (3) conflicting appointments, and (4) financial barriers. Potential strategies for success are provided for each barrier, and tools and materials also are included for direct use in your practice. Before you begin, please review the [Breaking Barriers: Breaking Down the Barriers](#) document.

Table of Contents

Barrier #1 Transportation Issues

Barrier #2 Illness Unrelated to Treatment Toxicity/No Longer Wishing to Pursue Treatment

Barrier #3 Conflicting Appointments

Appendix/Supplemental Documents

\*Not all interventions may need to be implemented. Consult with your local quality improvement team to address specific barriers to care experienced in your practice.

If you have questions, please email [CancerQI@acs.org](mailto:CancerQI@acs.org).



### Barrier #1 Transportation Issues

**Intervention:** Identify Transportation Issues

**Strategies:** **Just Ask:** If a patient unexpectedly or regularly misses radiotherapy (RT) treatments, it is important to follow up with a phone call and ask if transportation to appointments is a barrier to their care. Implement this strategy by clearly designating the responsibility of patient follow-up to a member/group of members of the cancer treatment team (e.g., physician, advanced practice provider, clinic nursing staff, nurse navigator, social worker, medical assistant) and document the reason for missed treatment in the patient's chart.

**Patient Education:** For any patient documented as missing treatment, administer a "Modified Distress Tool" to recognize the patient's needs and identify appropriate resources and referrals. A sample "Modified Distress Tool" can be found in Appendix 1 and Appendix 2.

**Intervention:** Leverage Rideshare/Hospital-Based Transportation

**Strategies:** **Local Resources:** Local transportation resources identified on your initial community scan should be leveraged to assist patients in your program struggling with this barrier to care. Examples include applying for gas cards and highlighting transportation via the local public transportation system or available resources already at your hospital or in your community. Implement this strategy by clearly designating the responsibility of identifying transportation resources to a member/group of members of the cancer treatment team (e.g., advanced practice provider, clinic nursing staff, nurse navigator, social worker), applying for local transportation resources, and ensuring patients identified as having transportation issues are referred to these programs.

**National Resources:** Several national resources and programs are available to assist patients with transportation:

**Medical Transportation through Medicaid**

- <https://www.cms.gov/medicare-medicare-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-factsheet.pdf>


**Uber/Lyft Health Programs**

- <https://www.uberhealth.com/>
- <https://www.lyft.com/healthcare>

**Additional Transportation Resources:**

- [Cancer and Transportation Resources | CancerCare](#)
- [Transportation and Other Cancer Support Services | Livestrong](#)
- [Help with Transportation for Cancer Patients | One Village](#)
- [Implementing A Transportation Hub](#)

# Timeline

Tentative date	
Jan-Feb	<del>Convene as a team Identify barrier Revisit community scan Write your problem and goal statements</del>
March	<del>Data collection for new program close March 1* Review toolkit and develop plans to operationalize intervention</del>
April 30	<del>First data collection due (patients seen Feb 1- March 30)</del>
May	<del>Small group call</del>
June 30	<del>Data Collection (patients seen April 1-May 31)</del>
July	Small group call  YOU ARE HERE
Aug 31	Data Collection (patients seen June 1-July 31)
Sept 20th	Small group call
Oct	Data Collection (patients seen Aug 1-Sept 30)
Nov	
Dec	Wrap up Webinar

# Next Data Collection Cycle

- Consider if your program will continue with this strategy or try something new
  - Use your data/no show rate to help guide your decision
- Helpful tips:
  - Review the toolkit
  - Don't try too many things; start small and focused before scaling up
  - A negative outcome tells you something!
  - Reach out to [canceqi@facs.org](mailto:canceqi@facs.org) to discuss implementation strategies or to share a success

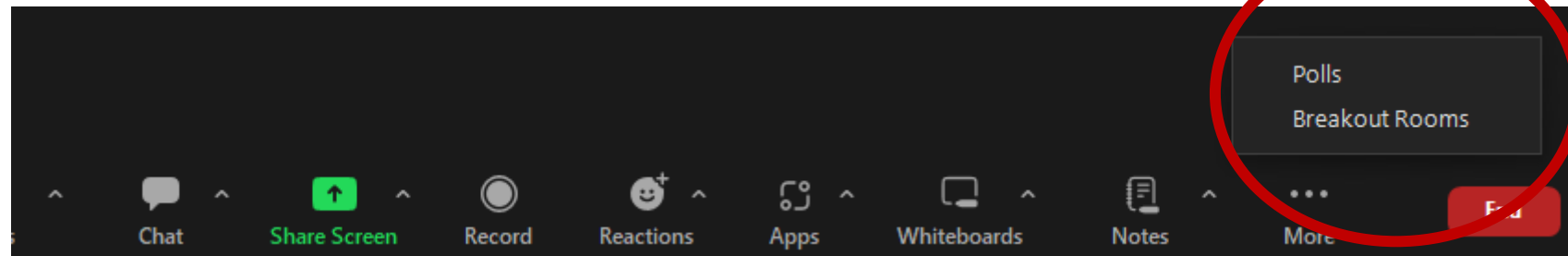


# Reminders for Breakout Rooms

- Choose your own Breakout Room
- Be respectful of others
- Be open to sharing
- You can visit more than one room
- Breakout rooms are not being recorded
- This is an opportunity for peer to peer learning and sharing
- We will let you know when you have 5 minutes left in the breakout and when to return to the main room

## Room Topics:

Radiation Team  
Social Work and Community  
Partnership  
Quality Improvement  
Transportation  
Navigation  
Aria and Mosaiq questions



# Wrapping up

Share your main takeaways in the chat

An abstract graphic consisting of several overlapping, curved, ribbon-like shapes in various shades of blue and teal, positioned on the right side of the slide.

# Important Dates

- Aug 1- Next data cycle opens
  - June 1-July 31
- Aug 31- Data cycle due
- September 20 at 12pm CT next call
- Clinical Congress October 19-22
- 2025 Cancer Conference March 12-14

# Wrap up

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- Share your takeaways in the chat
- Email [cancerqi@facs.org](mailto:cancerqi@facs.org) with a promising practice, strategy, or new resource to add to the toolkit; or if you would like support with implementation

# Supplemental Resources

## Navigation Based Resources

- [Navigation Transportation](#)
- [Reimbursement for Navigation](#)
- [Article on ONS for H&N patients](#)



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