

Impact of Breaking Barriers on All Cancer Providers

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Background:

Breaking Barriers is a national collaborative that uses radiation therapy (RT) missed appointments as a surrogate for measuring barriers to care. We hypothesize these patients also miss other appointments related to their broader oncology care and reviewed this population for other no-shows outside of radiation therapy to highlight the impact on other providers

RT no-shows/total pts treated	Other no-shows besides RT	Med Onc no-shows	Surgeon No-Shows	Other comments
N =12/99 (12%)	12/12 (100%)	11/12 (92%)	10/12 (83%)	4/12 (33%) DOD*

*Dead of disease

Methods:

Per this quality project, we measured all “no-shows” at a single accredited cancer program in rural NC. All patients missing ≥3 radiation treatments in a definitive course of therapy were counted as the numerator, and all patients treated curatively during the same period were counted as the denominator. A percentage of no-shows was calculated, and other measures recorded, including other missed appointments (chemotherapy, surgeon appointments, imaging related to treatments, procedures related to treatment of cancer) to highlight the relevance of missed RT appointments on other providers

Conclusion:

100% of patients with ≥3 “no-shows” for RT also missed other important components of their cancer care, as measured by this quality initiative. For us, this study validates that barriers to care using radiation therapy as a marker serves as an appropriate surrogate for general barriers to oncology care, as these patients **all missed other** relevant appointments with oncology providers. It also shows this can be an effective biomarker of worse outcomes, as 33% of these “curative” patients are also deceased within a very short period (<30-60d)