



# Breaking Barriers: Office Hours

September 20, 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
- Reach out to [cancerqi@facs.org](mailto:cancerqi@facs.org) with questions, comments, suggestions, or feedback

# Introducing our Speakers



**Dr. Anthony Yang, MD, MS, FACS**  
Professor, Division of Surgical Oncology  
Department of Surgery  
Indiana University Health



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

# Agenda for today

- Welcome
- Data- Kelley Chan
- Kadlec Tri Cities Cancer Center Report Out- Ashley Doherty
- Q and A- Anthony Yang
- Programmatic Reminders- Shea Coates
- Adjourn



# Breaking Barriers Year 2 June-July Data Collection

Dr Kelley Chan



# Total Disease Site Submissions

- 659 total submissions across all disease sites
  - 321 had patients with 3 or more missed appointments (48.7%)

Disease Site	Programs reporting on this site, n	Programs with patients missing ≥ 3 appointments (n, %)	
		Past Data	Current Data
Breast	135	73 (51.0)	↓ 63 (46.7)
Upper GI	45	19 (44.1)	↓ 12 (26.7)
GYN	48	20 (33.3)	↑ 17 (35.4)
H&N	115	74 (62.2)	↓ 68 (59.1)
Prostate	102	39 (37.9)	↑ 48 (47.1)
Lung	93	58 (59.2)	↓ 53 (57.0)
Rectum	47	25 (50.0)	↓ 19 (40.4)
Other	74	37 (50.0)	↓ 35 (47.3)

# Total Patient Submissions

- 11071 total patients scheduled
  - 625 patients with 3 or more missed appointments (5.6%)

Disease Site	Total patients scheduled, n	Patients missing ≥ 3 appointments (n, %)	
		Past Data	Current Data
Breast	3560	196 (5.0)	↓ 147 (4.1)
Upper GI	178	30 (7.1)	↑ 17 (9.6)
GYN	256	47 (13.8)	↓ 22 (8.6)
H&N	1147	142 (12.9)	↓ 138 (12.0)
Prostate	1594	95 (5.7)	↑ 84 (6.0)
Lung	801	119 (13.1)	↓ 97 (12.1)
Rectum	195	37 (17.4)	↓ 29 (14.9)
Other	3340	113 (5.5)	↓ 91 (2.7)

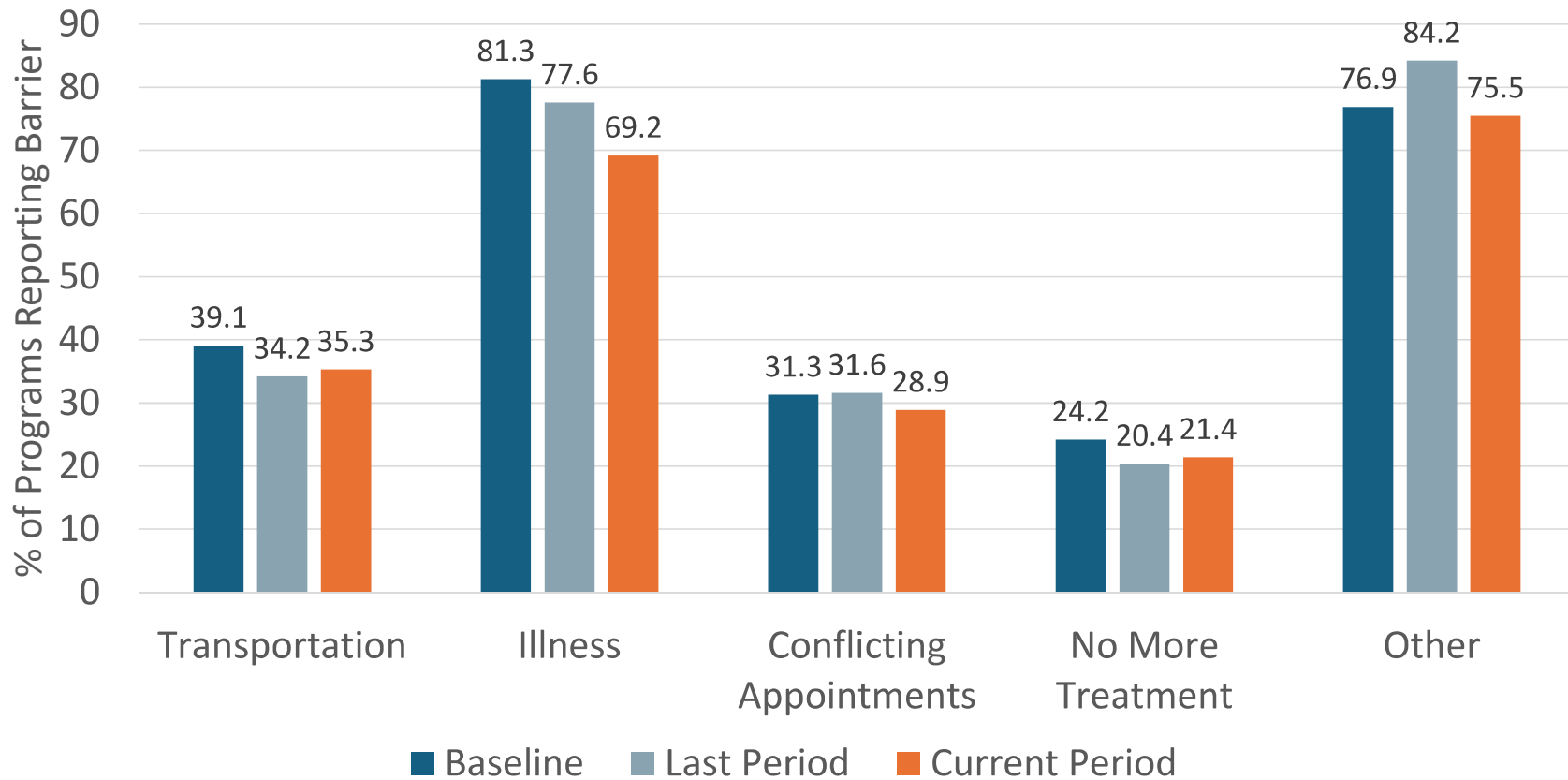
# Hospital Level Analysis

- Median per program 6.8% (IQR 1.3-14.5%)
  - 159 hospitals with patients with 3 or more missed appointments (76.4%)

Program Type	Number of programs, N=208	Median % per type (IQR)	Mean %	
			Past Data	Current Data
Academic	25	3.5% (0-12.1%)	12.8%	↓ 7.1%
Community	60	0% (0-25.0%)	8.8%	↑ 15.4%
Comprehensive Community	38	2.9% (0-15.8%)	12.3%	↑ 14.1%
Integrated Network	73	0% (0-11.1%)	10.2%	↓ 9.5%
NCI	4	3.1% (0.3-10.0%)	8.5%	↓ 5.8%
Other	8	12.6% (1.8-14.8%)	36.6%	↓ 13.5%

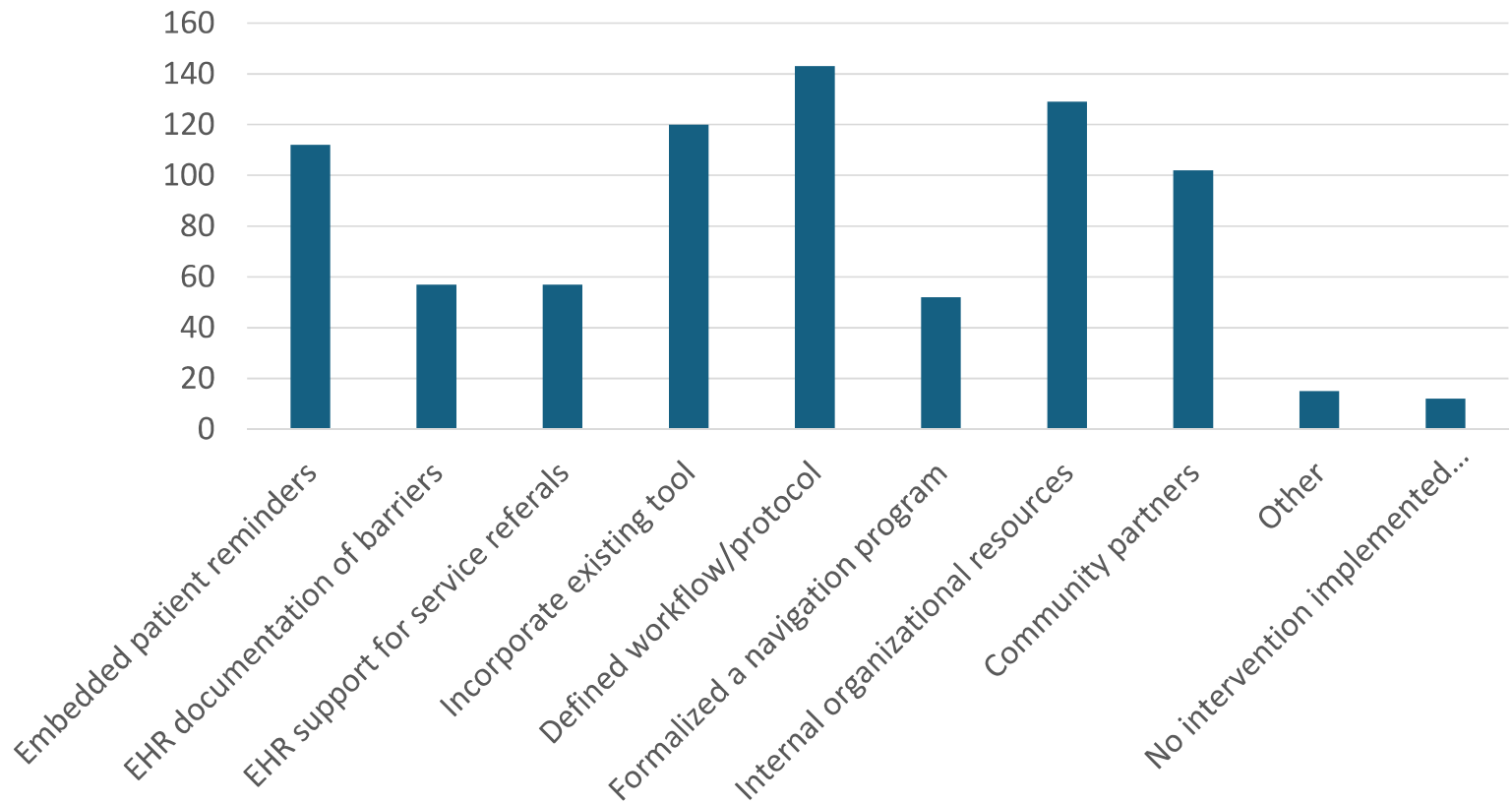


# Reasons for Missed Radiotherapy



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

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





# Kadlec Tri Cities Cancer Center

Ashley Doherty



Kadlec Tri Cities Cancer Center  
Kennewick, WA

*Breaking Barriers Webinar*  
September 20, 2024

# Breaking Barriers Quality Improvement Collaborative

**Barrier #1** Transportation Issues

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

**Barrier #3** Conflicting Appointments

Appendix/Supplemental Documents

*Welcome to  
Kadlec Regional Medical Center*

*Richland, Washington*





Kadlec Outpatient Imaging Department



**KADLEC**  
TRI-CITIES  
*Cancer  
Center*

*Kadlec Clinic Hematology & Oncology and Kadlec Clinic Radiation Oncology*



# Medical Oncology Team



Dr. Basir Haque



Dr. Eric Gamboa



Dr. Ying Zhuo



Dr. Rangaswamy  
Chintapatla



Dr. Nattamol  
Hosiriluck



Karen Dubois, ARNP



Michelle Froh, ARNP



Marlene SanFilippo, ARNP



Nina Moore, ARNP



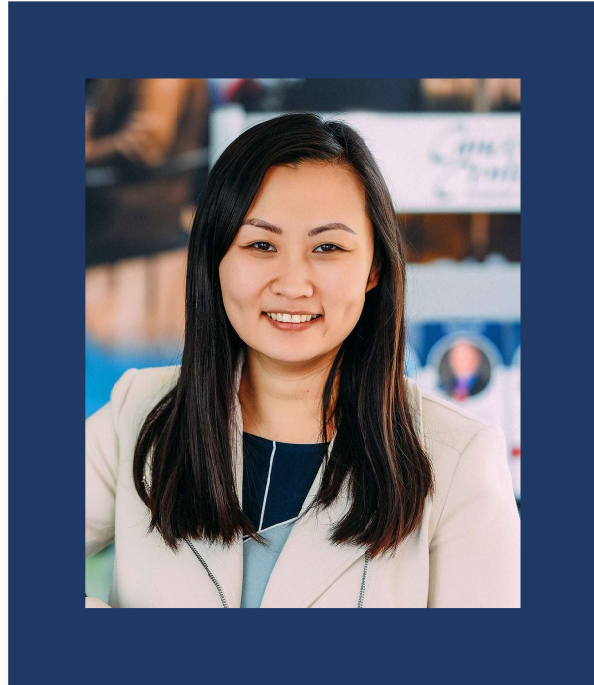
Dyll Turner, ARNP

## Outpatient Infusion Facilities

- 27 Private Patient Treatment Bays
- 2 Procedure Rooms
- In House Pharmacy with:
  - 4 Biological Safety Cabinets (Chemo Hoods)
  - 1 Laminar Flow Hood (Non-hazardous Hood)
- Retail Pharmacy
- Lab Draw & Triage Unit

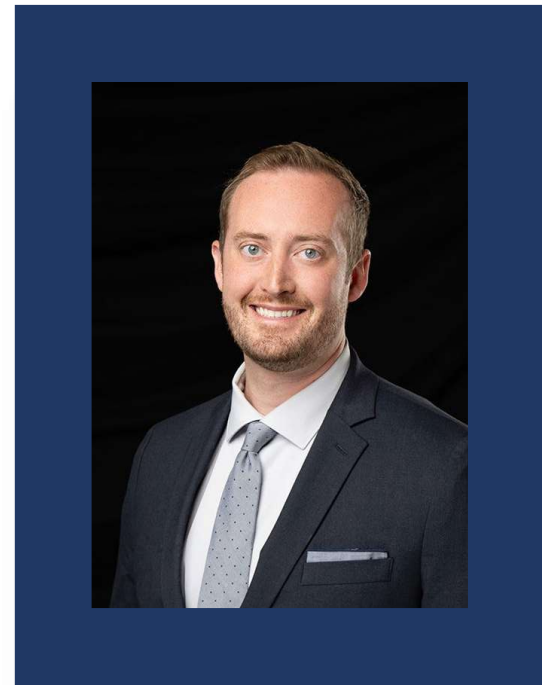


# Radiation Oncology



**Dr. Sherry Zhao**

*Radiation Oncologist*



**Dr. Andrew Roehrig**

*Radiation Oncologist*



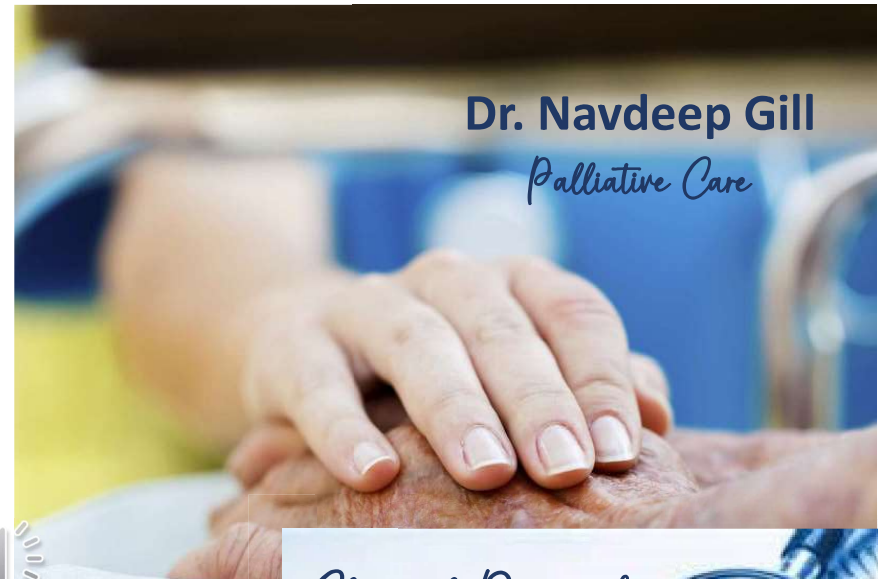
## Kadlec Radiation Oncology

- External Beam Radiation Therapy (EBRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Intensity Modulated Radiation Therapy (IMRT)
- Image Guided Radiation Therapy (IGRT)
- High Dose Brachytherapy (HDR)
- Breast Brachytherapy (HDR)



**Sarah Hall**

*Genetics Counselor*



**Dr. Navdeep Gill**

*Palliative Care*



**Lyndsey Josephson, ND**

*Naturopathic Clinic*



*Clinical Research*

**Dustin TerHune**

*Research Quality Assurance*

# Supportive Service Programs

- Financial Assistance
- Medication Co-Pays
- FMLA/Disability Paperwork
- Dial a Ride
- Letters for School/Work/Jury Duty
- Disabled Parking Applications



# Social Workers



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Alissa Howell, RN, BSN, OCN, CN-BN

*Breast Health Nurse Navigator*





# Breaking Barriers Quality Improvement Collaborative

**Barrier #1** Transportation Issues

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

**Barrier #3** Conflicting Appointments

Appendix/Supplemental Documents

## Barrier #1 Transportation Issues

- Distress tool is provided to each new consult and then addressed by navigator or social worker. *(In compliance with the Commission on Cancer Program Standard 5.2 and QOPI Certification Program Standard 1.4 and 1.5)*
- Tri City Cancer Center Foundation Funding
- Community Asset tool completed, updated sharepoint site accessible to our Cancer Center and hospital
- Community Health Workers

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

- Front Desk to take call and transfer to Radiation Oncology Therapist/Nurse
- Radiation Oncology Therapist review questions to determine cause for cancel/reschedule. Transfer to nursing or social work, if needed.
- Treatment added on to end of treatment plan automatically
- If no longer wishing to pursue treatment, transfer to nursing.

### Barrier #3 Conflicting Appointments

- Radiation Technologist reviews patient schedule with them at Sim appointment and assess for any known vacations or conflicting appointments.
- Flexible on rescheduling

Items we are continuing to work on:

- Training new providers, staff to our processes
- Converting distress tools to I pads that link with our EMR
- Hiring a patient navigator to help assist our navigation team with continued resources





“Know me, care for me and ease my way”

# Q and A

Dr Anthony Yang






# Programmatic Reminders

Shea Coates



# 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 17	<del>Small group call</del>
June 30	<del>Data Collection (patients seen April 1-May 31)</del>
July 12	<del>Small group call</del>
Aug 31	<del>Data Collection (patients seen June 1-July 31)</del>
Sept 20th	Small group call 
Oct 31	Data Collection (patients seen Aug 1-Sept 30)
Nov	Work on post project survey
Dec 6, 1-2 ET	Wrap up Webinar, post project Survey due <b>December 21</b>

# 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 [qcncr@facs.org](mailto:qcncr@facs.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 Roll-Forward](#)

## Breaking Barriers Toolkit

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

The Toolkit is organized by the most prevalent through baseline data collection results. They are: (1) illness unrelated to treatment toxic treatment, and (3) conflicting appointments. potential strategies for success are provided for each barrier. Tools and materials also are included for direct use in your practice. Before you begin, view the [Breaking Barriers: Breaking Down the...](#)

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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@facs.org](mailto:CancerQI@facs.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](#)

## 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

## Wrap up

- NEW 2025 QI Projects
  - Lung NODES for Standard 5.8
  - Genetic Access Pilot (GAP) Project
- Submit your QI abstract to the Cancer Programs Annual Conference
  - Deadline: September 30

Learn more by subscribing to Cancer Program News!

# ACS Cancer Conference 2025

March 12-14 | Phoenix, AZ

Save the Date

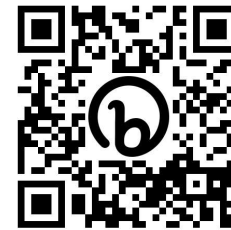


[facs.org/cancerconference](https://facs.org/cancerconference)

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