

Breaking Barriers: An Opportunity to Improve Quality and Value-Based Care

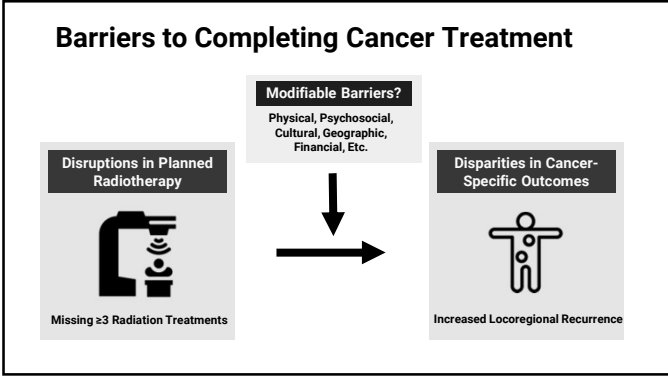
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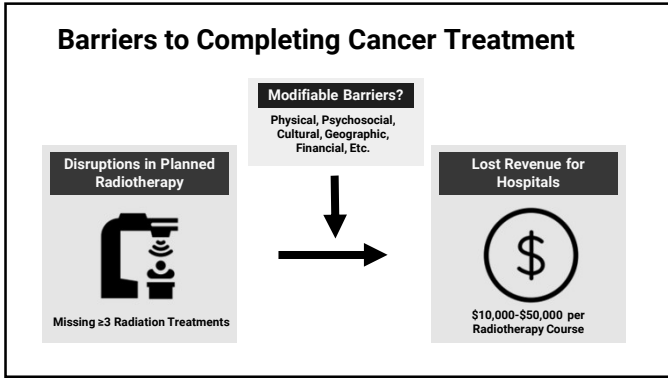
Disclosures

- Nothing to Disclose

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Study Aims

To evaluate the associated costs of missed radiotherapy among hospitals participating in the Breaking Barriers quality improvement (QI) project and review the cost-effectiveness of patient support programs.

The logo for Cancer Programs, American College of Surgeons, is centered below the text. It consists of the word "Cancer" in a large serif font, "PROGRAMS" in a smaller sans-serif font below it, and "AMERICAN COLLEGE OF SURGEONS" in an even smaller font at the bottom.



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Baseline Findings (Pre-Intervention)

The findings are presented in two separate boxes. The left box has a hospital icon and states "336 (98.5%) programs identified patients who missed ≥3 Radiation Treatments". The right box has a radiation machine icon and states "5,407 (8.9%) patients over the year did not complete radiotherapy as prescribed".





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Lost Income from Missed Treatments

 <p>Average cost for one radiotherapy treatment</p> <p>\$330-\$445</p>	 <p>\$5.3-\$7.2m in lost revenue across all hospitals</p> <p>\$15,500-\$21,000 per hospital</p>
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Reasons for Missed Radiotherapy

Illness	Transportation	Conflicting Appointments	No Longer Pursuing Treatment
 <p>42.2%</p>	 <p>26.7%</p>	 <p>12.9%</p>	 <p>10.1%</p>

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Toolkit Interventions

Illness	Transportation	Conflicting Appointments	No Longer Pursuing Treatment
 <p>Health Literacy</p>	 <p>Rideshare Services</p>	 <p>Patient Navigation</p>	 <p>Psychosocial Distress</p>

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Financial Benefit of Navigation

FREE ACCESS | Cost, Value, and Policy | September 30, 2022

Evaluating the effect of a scalable cancer-navigation program on total cost of care.

Authors: Scott Campbell Worland, Margot Abin, Brian Dorsey, Kevin Feunochi, Juan Gomez, Denise Johnstone, Alphan Krayygi, Edward Lichra, Ravi Bhurat Parikh, Kush Sachdeva, Keith Thompson, Scott Voigt, Shannon Woerner, and Robert Jeffrey Green **SHOW ENDS** **AUTHORS INFO & AFFILIATIONS**

Publication: Journal of Clinical Oncology • Volume 40, Number 28, suppl • <https://doi.org/10.1200/JCO.2022.40.28.suppl.004>

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    graph LR
      A["Intervention: Control  
Age, Baseline costs, resource use, comorbidities, cancer acuity, phase of care"] --> B["Intervention:  
1) Reduce barriers  
2) Symptom management  
3) Goals of care"]
      B --> C["$429 reduction in total costs per month per patient among navigation program participants"]
  
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Missed Cancer Treatments and Costs

FREE ACCESS | ORIGINAL REPORTS | October 26, 2023

Economic Evaluation of a Nonmedical Financial Assistance Program on Missed Treatment Appointments Among Adults With Cancer

Authors: Carlin B. Babal, PhD, Lisa P. Speer, PhD, Justin G. Truglio, PhD, Erin E. Kane, PhD, Donald L. Rosenbery, MD, Rebekah S.M. Angore, PhD, Cindy D. Rogers, JD, and Stephanie B. Wheeler, PhD, MPH **SHOW ENDS** **AUTHORS INFO & AFFILIATIONS**

Publication: Journal of Clinical Oncology • Volume 41, Number 3 • <https://doi.org/10.1200/JCO.23.00993>

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    graph LR
      A["1,347 patients receiving radiation therapy (2015-2019)"] --> B["53% had ≥1 no-show  
28% received program assistance"]
      B --> C["Receipt of assistance:  
51% decrease in the overall mean no-shows  
Estimated $153 saved per missed appointment averted"]
  
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Financial Toxicity among Cancer Patients

OPEN ACCESS | ORIGINAL CONTRIBUTIONS | March 08, 2023

Coverage and Cost-of-Care Links: Addressing Financial Toxicity Among Patients With Hematologic Cancer and Their Caregivers

Authors: Jean S. Edward, PhD, SN, Laura E. McLovin, PhD, Mary Kay Reynolds, PhD, Lori P. Ecker, JD, Tam S. Davis, BSN, RN, and Gerhard Hildebrandt, MD **SHOW ENDS** **AUTHORS INFO & AFFILIATIONS**

Publication: JCO Oncology Practice • Volume 19, Number 5 • <https://doi.org/10.1200/JOP.22.00965>

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    graph LR
      A["Included patients with cancer, and their caregivers experiencing financial toxicity"] --> B["$2,500 in financial benefits per participant"]
  
```

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Limitations

- Aggregated program-level data
 - Patient-level characteristics for missed radiotherapy cannot be accounted for
- Voluntary participation
 - Participating programs may have self-selected due to need for increased assistance in addressing barriers compared to non-participating hospitals
- Cost data was extrapolated from external sources
 - Only represents an estimated value for potential future savings

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Key Takeaways

- **Barriers to completing radiotherapy are highly prevalent and likely costly among 341 accredited cancer programs nationwide.**
- **Most barriers are actionable with additional root cause analyses.**
- **This national QI project will assist hospitals in identifying, selecting, and adapting interventions to address actionable barriers, improving outcomes and costs.**

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Thank you!
