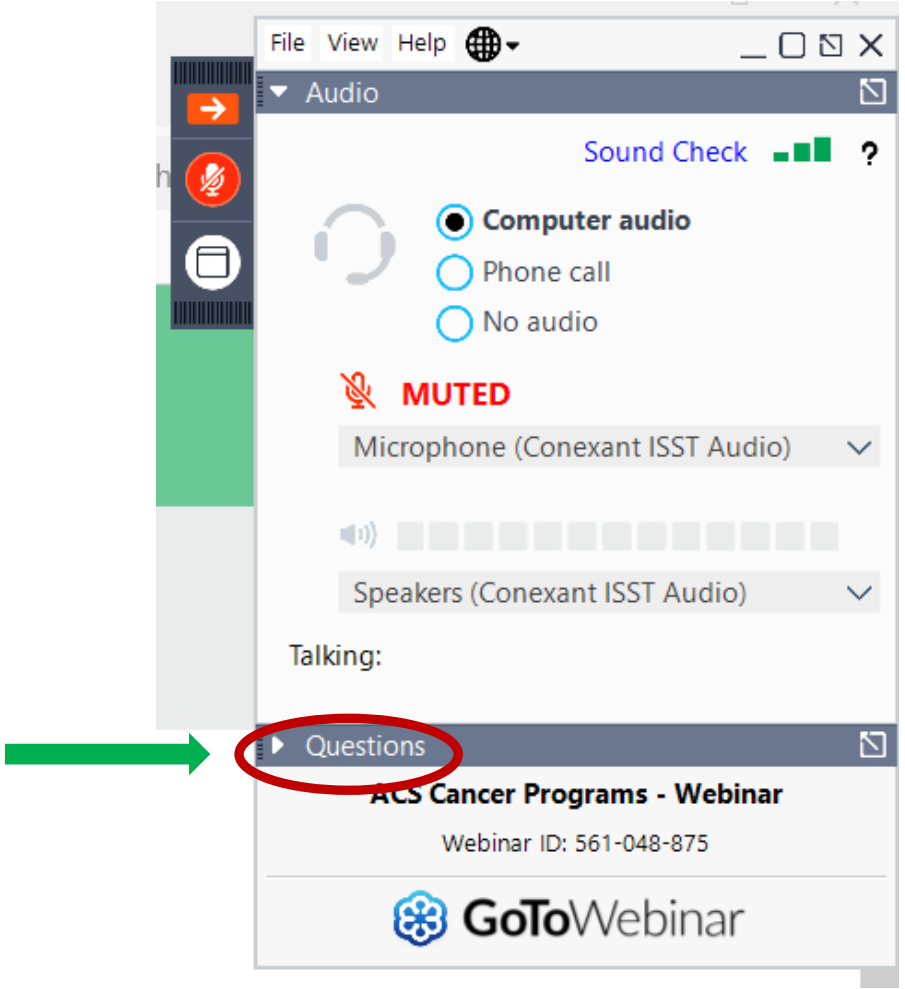
ACS Cancer Programs
American College of Surgeons

Breaking Barriers: Year 2 Interventions and Navigation

April 5, 2024

Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



© American College of Surgeons 2023—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Introducing our Moderator

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

© American College of Surgeons 2023—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Introducing Our Panelist

Lauren Janczewski, MD, MS
ACS Cancer Program Scholar

Sharon Gentry, MSN, RN, HON-ONN-CG, AOCN, CBCN
Program Director Academy of Oncology Nurse & Patient Navigators
Editor in Chief Journal of Oncology Navigation & Survivorship®
Editor in Chief CONQUER: the journey informed™

© American College of Surgeons 2023—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Agenda for today

- Welcome
- Reviewing Year 1
- Looking Ahead to Year 2
  - Timeline
  - Toolkit
- Leveraging Navigation to Address Barriers
- Q and A

© American College of Surgeons 2023—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Breaking Barriers

A look back at what we have learned so far

Lauren Janczweski MD, MS

ACS Cancer Programs

American College of Surgeons

A National Quality Improvement Collaborative through the American College of Surgeons Identifying Barriers to Completion of Radiotherapy

"Breaking Barriers" Quality Improvement Collaborative

Disruptions in Planned Radiotherapy

Modifiable Barriers?
Psychosocial, Geographic, Financial, Etc.

Disparities in Oncologic Outcomes

Enrolled **342 accredited-cancer programs** across US

Pre-Intervention Period:
5 separate, 60-day data collection periods (March-December 2023)

Prospectively identified patients scheduled for a **15–45-day course of curative radiotherapy**

Primary Outcome: Patients who **missed ≥3 radiation treatments** and **reasons for missed treatments**

332 (97.1%) programs identified patients who missed ≥3 treatments

Median per program: 9.4% (IQR 4.5-16.5)

5,221 patients who did not complete radiotherapy as prescribed

Differences based on:

Geographic Region

↑ Northeast
median 11.3%
[IQR 5.4-17.3]
p=0.014

Disease Site

↑ Rectum (13.0%)
↑ Gynecologic (11.4%)
p<0.001

Reasons for Missed Treatments:

Illness 91.0%

Conflicting Appointments 54.2%

Transport 71.7%

Stopping Treatment 53.0%

Looking to Year 2

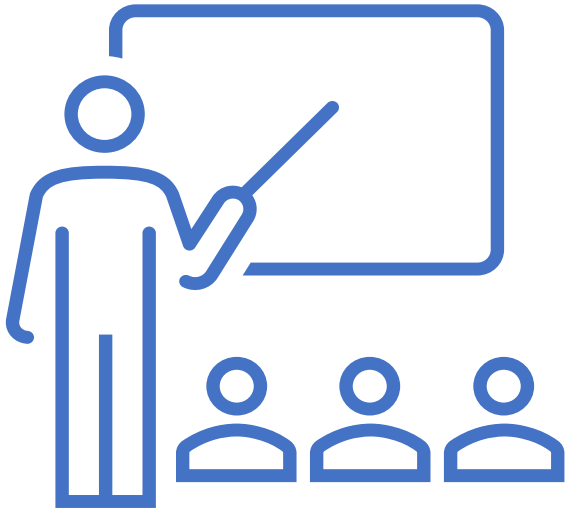
Laurie Kirstein, MD, FACS

ACS Cancer Programs

American College of Surgeons

Breaking Barriers Year 2

- Identify at least one barrier
- Develop a problem statement and goal
- Implement an intervention from the toolkit
- Report Data (via REDCap)
- Meet with small group cohort based on barrier



© American College of Surgeons 2023—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

Year 2 Participants

- Of 300 participants
  - 15% are new to the project this year
  - 44% intend to address transportation
  - 20% intend to address conflicting appointments
  - 16% intend to address patient sick (not due to toxicity)
  - 11% intend to address why patients no longer wish to seek treatment

Problem Statement

- A brief statement on why your program is pursuing the project
  - Who does the problem affect?
  - When was the problem found?
  - Where is the problem happening?
  - How often is the problem happening?
  - What is happening that shouldn't be?
  - What didn't happen that should be?

Smart Goal Statement

- A statement on what you want to achieve by when:
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Timely

*Don't forget to consider limitations and stakeholder involvement!

*You will be asked to report these on the June data collection

© American College of Surgeons 2023. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

Toolkit

Breaking Barriers Quality Improvement Collaborative

7 Min | 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 appointment ("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 cancerqi@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 At-a-Glance

Breaking Barriers Toolkit

The American College of Surgeons Cancer Programs offers this "Breaking Barriers" Toolkit to help you and your colleagu that will increase patient compliance with car

The Toolkit is organized by the most prevalent through baseline data collection results. They issues, (2) illness unrelated to treatment toxic treatment, and (3) conflicting appointments. potential strategies for success are provided f tools and materials also are included for direc modified use in your practice. Before you begi view the *Breaking Barriers: Breaking Down the T*

Table of Contents

*Not all interventions may need to be implem Consult with your local quality improvement specific barriers to care experienced in your

If you have questions, please email CancerQI

ACS Cancer Prog

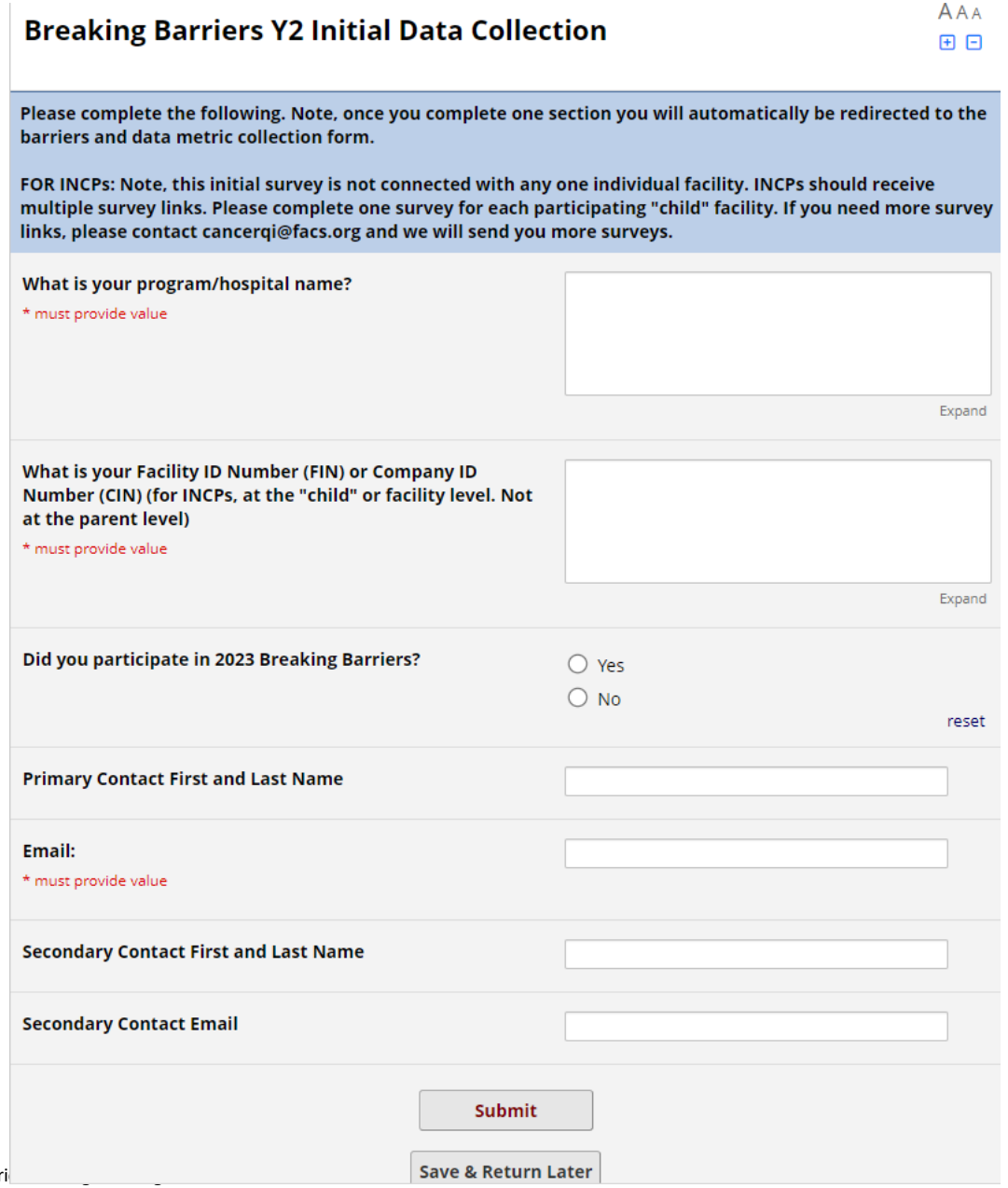
Barrier #1 Transportation Issues

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-medicaid-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 | OneVillage* • *Implementing A Transportation Hub*

© American College of Surgeons 2023. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

Data Collection Tools

- Sent to primary contact on April 2nd
- Due April 30th
- Participant Info
  - Email, FIN, Hospital name, etc
- Identify your barrier
- Data collection by disease site



Breaking Barriers Y2 Initial Data Collection

AAA

Please complete the following. Note, once you complete one section you will automatically be redirected to the barriers and data metric collection form.

FOR INCPs: Note, this initial survey is not connected with any one individual facility. INCPs should receive multiple survey links. Please complete one survey for each participating "child" facility. If you need more survey links, please contact cancerqi@facs.org and we will send you more surveys.

What is your program/hospital name?
* must provide value

Expand

What is your Facility ID Number (FIN) or Company ID Number (CIN) (for INCPs, at the "child" or facility level. Not at the parent level)
* must provide value

Expand

Did you participate in 2023 Breaking Barriers?

Yes
No

reset

Primary Contact First and Last Name

Email:
* must provide value

Secondary Contact First and Last Name

Secondary Contact Email

Submit

Save & Return Later

© American College of Surgeons 2023. Content may not be reproduced or repurposed without the written permission of the Ameri

Timeline

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

You are here

© American College of Surgeons 2023. Content may not be reproduced or repurposed without the written permission of the American College of Surgeons.

More on Oncology Patient Navigation Involvement

Sharon Gentry, MSN, RN, HON-ONN-CG, AOCN, CBCN

Academy of Oncology Nurse & Patient Navigators

Editor-In-Chief for Journal of Oncology Navigation & Survivorship® (JONS)

Editor-In Chief CONQUER: the journey informed™

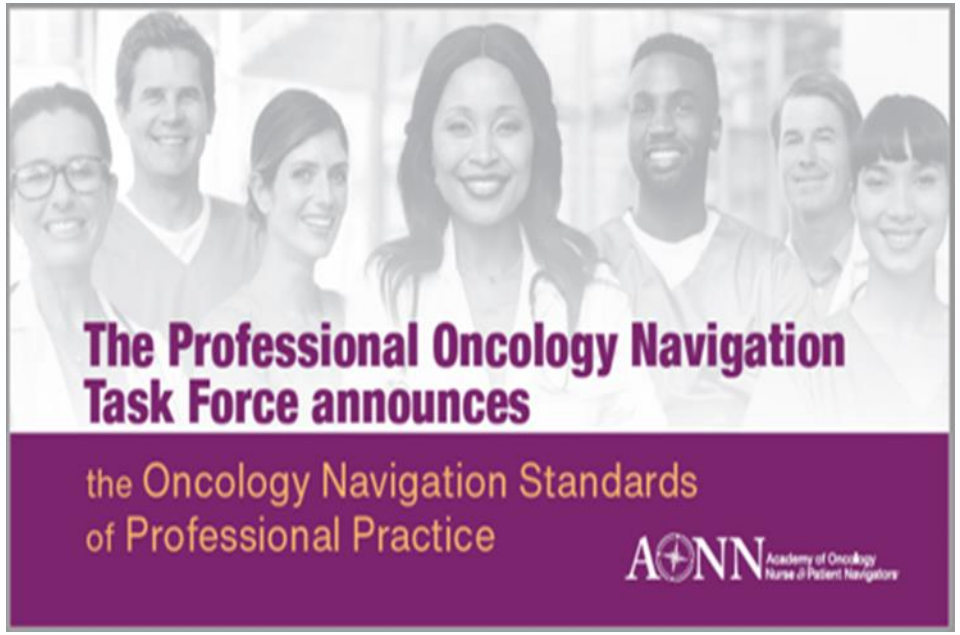
Professional Responsibility

- It is imperative that oncology clinical navigators and patient navigators understand that active participation in data collection, analytics and reporting outcomes is ***not added responsibilities*** but is already a part of the professional role

Patient Navigation defined and qualifications

Oncology Navigation: Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from prediagnosis through all phases of the cancer experience

Oncology Patient Navigator	Clinical Navigator/Oncology Nurse Navigator	Clinical Navigator/Oncology Social Work Navigator



Standard 12: Treatment, Care Planning, and Intervention

Oncology navigators provide support and information to patients and caregivers to navigate through all phases of active cancer treatment.

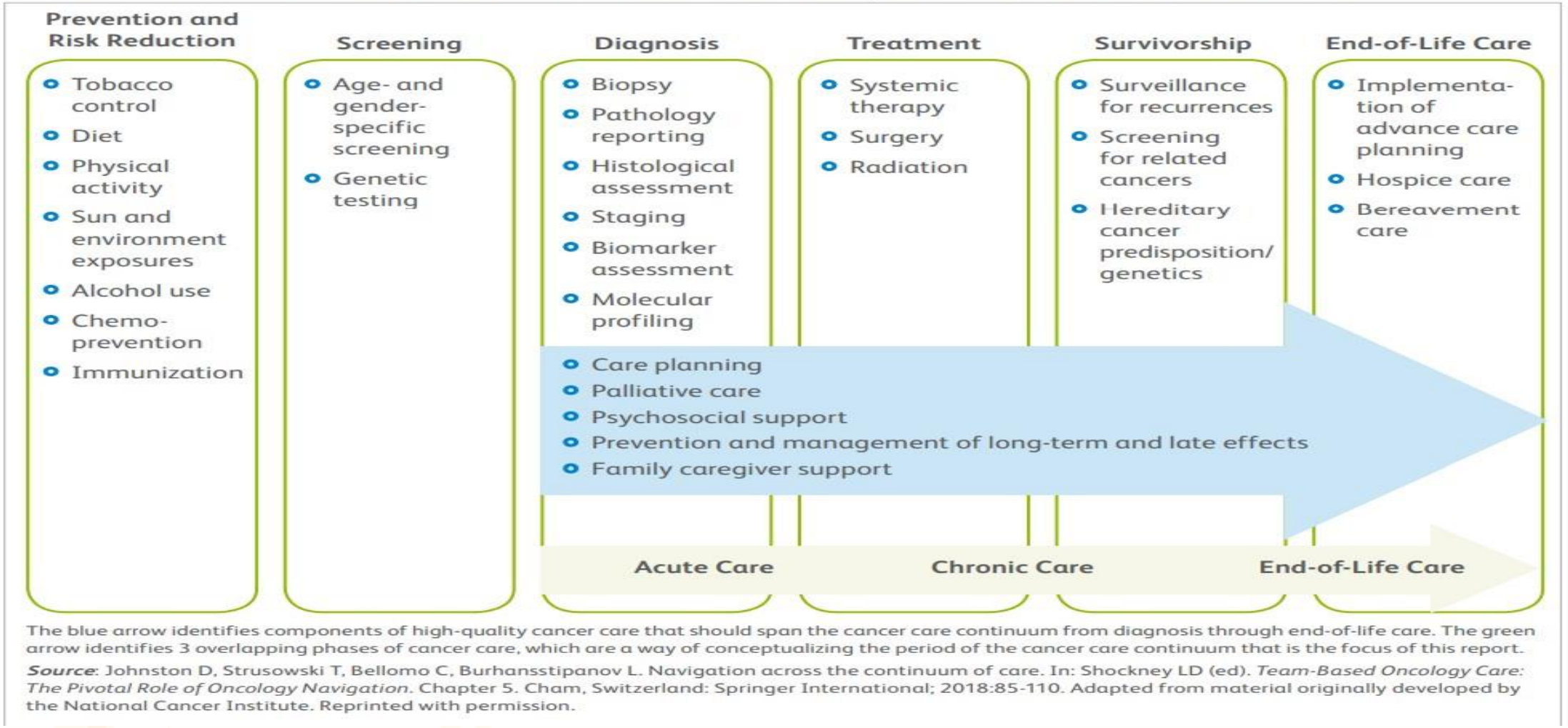
All navigators:
Identify potential and realized barriers to care (eg, transportation, childcare, eldercare, housing, language, culture, literacy, psychosocial, employment, financial, insurance) and facilitate referrals as appropriate to mitigate barriers.
Advocate for the resources, supports, and services necessary to address barriers and facilitate access to timely and quality cancer care.
Support a smooth transition of patients across screening, diagnosis, active treatment, and survivorship working with the interdisciplinary team.
Provide patients and caregivers evidence-based information to support understanding and decision-making at all points along the care continuum.
Coach patients to identify their goals and communicate their preferences and priorities for treatment and follow-up care to their healthcare team.
Apply evidence-informed practice models to facilitate the patient's accomplishment of goals and objectives.
Prepare patients to engage in shared decision-making processes with their healthcare team.
Assess unique environmental, cultural, and other factors that could impact specific patient communities, such as safety of community environments, and employ resources to assist.
Advocate for, educate, and prepare patients to complete advance directives.

Clinical nurse navigators:
Coordinate the plan of care with the interdisciplinary team, promoting timely follow-up on treatment and supportive care recommendations (eg, cancer conferences/tumor boards) during each episode of care and transition in care.
Monitor and facilitate interventions to address symptoms and side effects.
Employ strategies to attain patient adherence to treatment plan.
Use knowledge of molecular and genetic testing to facilitate patient understanding of ongoing testing results.

Patient navigators:
Refer to nurse, nurse navigator, and physician colleagues to answer questions about clinical information, treatment choices. and potential outcomes.

Navigation is a Solution for Health Equity

FIGURE 2. Domains of the Cancer Care Continuum with Examples of Activities in Each Domain



The blue arrow identifies components of high-quality cancer care that should span the cancer care continuum from diagnosis through end-of-life care. The green arrow identifies 3 overlapping phases of cancer care, which are a way of conceptualizing the period of the cancer care continuum that is the focus of this report.

Source: Johnston D, Strusowski T, Bellomo C, Burhansstipanov L. Navigation across the continuum of care. In: Shockney LD (ed). *Team-Based Oncology Care: The Pivotal Role of Oncology Navigation*. Chapter 5. Cham, Switzerland: Springer International; 2018:85-110. Adapted from material originally developed by the National Cancer Institute. Reprinted with permission.

Value and clarification led to Navigation Reimbursement in 2024!

Centers for Medicare & Medicaid Services (CMS)Principal Illness Navigation Services (11.02.23)

- Under the new schedule **patient navigation services**, caregiver training services, community health integration services, and expanded access to telehealth services will be **reimbursed**.
- Direct impact to **patient navigation**:
  - Caregiver training
  - Telehealth
  - Behavioral & mental health services
  - Dental care for individuals with head & neck cancer

American Medical Association Current Procedural Terminology (CPT) Codes (11.16.23)

- Updated guidance on the appropriate use of CPT codes, which are used by all insurers in reporting **clinical navigation services**.
- Clinical navigation focuses on clinical care, coordination, and education, and is typically provided by clinical staff, including nurses and licensed clinical social workers.

AONN Academy of Oncology Nurse & Patient Navigators

Return on investment (ROI)- Business performance metrics

Making the case for nurse navigators

Method – Gap analysis on why patients were leaving the healthcare system

The retention of 212 patients resulted in an increased diagnostic imaging procedures alone and $125,000 in total net revenues. Incorporating all the services the 212 patients would generate in non-cancer services, as well as the breast cancer services, the potential total net revenues would be $350,000.

Esther Muscari Desimini, Janine A. Kennedy, Meg F. Helsley, Karen Shiner, Chris Denton, Toni T. Rice, Barbara Stannard, Patrick W. Farrell, Peter A. Marmerstein & Margaret G. Lewis (2011) Making the Case for Nurse Navigators, Oncology Issues, 26:5, 26-33, DOI: 10.1080/10463356.2011.11883604

Using a nurse navigation pathway in the timely care of oncology patients

A medical oncologist could see an additional patient each day due to the time reduction associated with the navigation visit. $485,312 total cost savings and revenue (4 med oncs; new patient consult was reduced by 24 minutes = medical oncologist could see an additional patient each day due)
And time between oncology referral to the start of treatment was reduced by 7 days; 75% patients have advance directives completed

Journal of Oncology Navigation & Survivorship June 2014 Vol 5, No 3

Navigators reduce no-shows

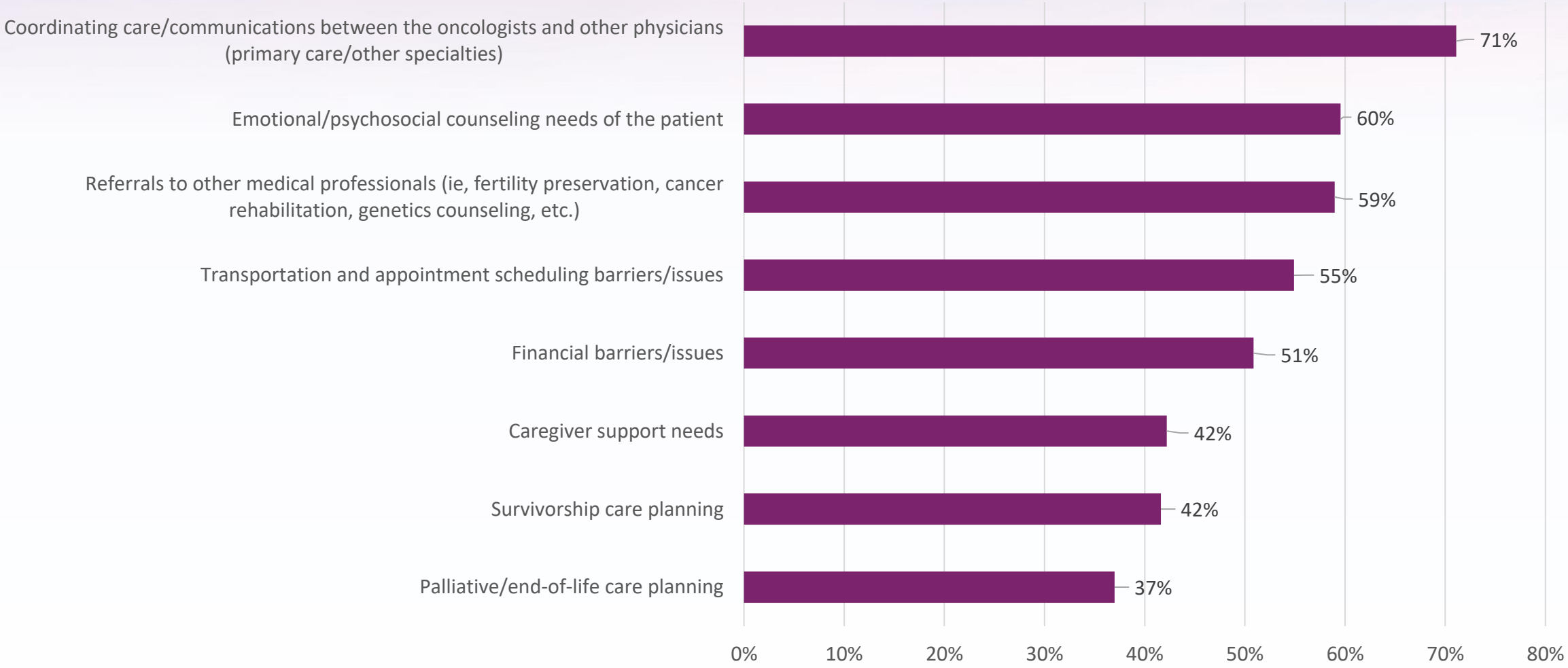
Method - Each patient is contacted at least once a month, with the most at-risk patients being contacted as often as three times a week.

In 3 months, the reduction in no-shows in those receiving radiation therapy equaled a navigator's annual salary. The overall return on investment was $5 for every $1 spent

Also, readmissions were cut by one-third, with a similar reduction in emergency visits

Managed Healthcare Executive March 1, 2013

More than barrier removal



Thank you for the opportunity to share the world of oncology patient navigation with you today!

Sharon Gentry, MSN, RN, HON-ONN-CG, AOCN, CBCN
sharon.gentry@amplity.com

Q and A

Reach out to cancerqi@facs.org

ACS Cancer Programs
American College of Surgeons

ACS Cancer Programs

American College of Surgeons

Follow Us on Social Media

facs.org/quality-programs/cancer-programs/

ACS Cancer Programs

@AmColSurgCancer