

ACS Cancer Conference 2025

March 12-14 | Phoenix, AZ

Breaking Barriers: A National Quality Improvement Collaborative to Identify and Overcome Modifiable Barriers to Cancer Care

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Breaking Barriers Team

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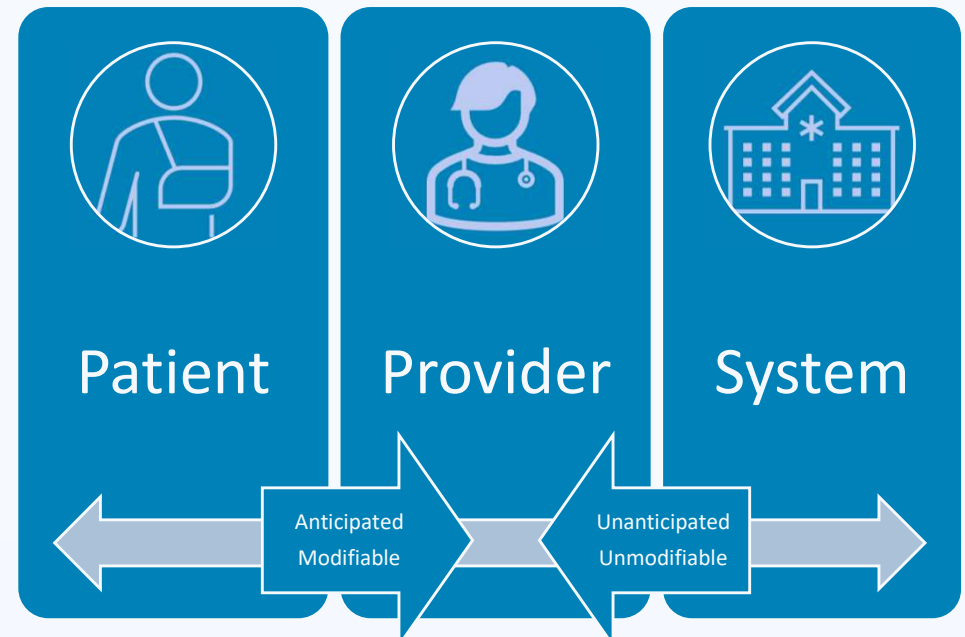
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Breaking Barriers Background

Barriers to care exist in cancer treatments for various reasons

- Physical
- Emotional
- Psychological
- Social
- Financial
- Ethnic
- Geographic
- Spiritual
- Cultural



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Overarching AIMS

- Decrease “no show” appointments for patient in active treatment by identifying and understanding local modifiable barriers to care and implementing interventions to overcome the barriers
- Create a framework that is scalable and sustainable
- Focus on “no show” radiation appointments

Goal:

- By December of 2024, reduce the rate of “no-shows” to radiation therapy treatments by 20% from each participating program’s individual baseline

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Why Radiation Appointments?

Breaks in (Radiation) Therapy:

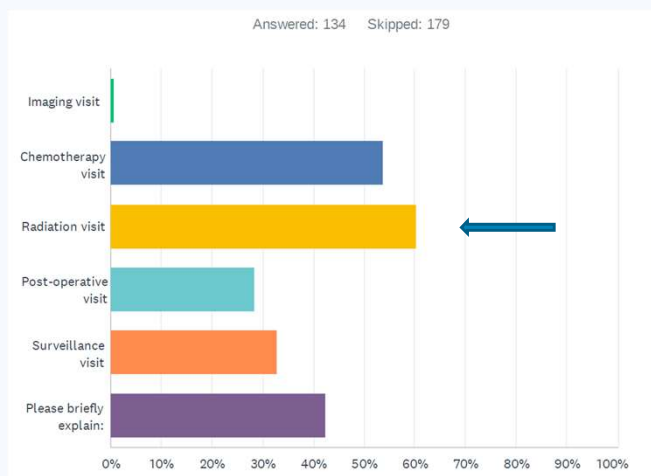
- May be detrimental to outcome
 - Systemic and indicate a need for larger reform, and
 - Unique to a program
- Can be measured

Radiation Therapy compliance
is one surrogate marker for
overall barriers to treatment

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Collect Preliminary Data from Programs via Survey (n=310)

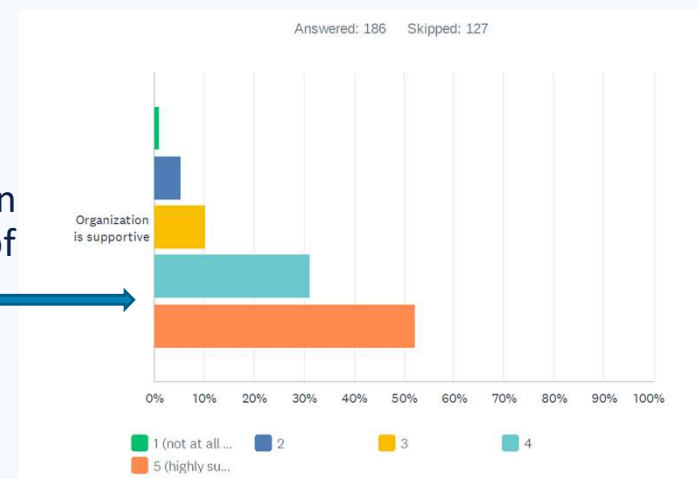
40% of programs has no strategy for addressing radiation “no shows”



80% were interested in a national QI project to address the issue

	1 (NOT AT ALL INTERESTED)	2	3	4	5 (VERY INTERESTED)	TOTAL	WEIGHTED AVERAGE
Interested in participating	3.24% 6	3.24% 6	12.43% 23	24.86% 46	56.22% 104	185	4.28

83% felt administration would be supportive of this project



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Framework

- Requirements for participations: Local QI team, project champion, IT support, Radiation employee, letter of support, Validated collection tool to identify potential barriers
- Data:
 - N of missed appointments, outreach capabilities, reason for missed appointments
 - Program readiness, facilitators and barriers to implementation
- Year 1: Create community scan, 4 data collection cycles, participate in webinars
 - Develop an outreach plan to identify most common local barriers
- Year 2: Choose barrier(s) identified in year 1 to address
 - Created ACS toolkit to implement strategies to overcome barrier(s)
 - 4 data collection cycles (appointment data and toolkit implementation data)
- Both years: Qualitative questionnaires to measure facilitators and barriers at every level
 - ex. Which part of the QI project were most/least helpful, which parts of the toolkit were most/least helpful, barriers and facilitators to success

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Participation Details

Who could participate?

- All accredited programs

What standards will programs receive credit for?

- CoC: 7.3 and 8.2
- NAPBC: 2.2 and 6.1 (1 of 2 required studies)

How long is this project?

- Year 1- January thru December 2023
- Year 2- January 2024 thru December 2024

*Participation is 1 year = credit for 1 year. You do not need to participate in both years

*Enrollment in year 1 is closed; enrollment for year 2 will open in January 2024

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Inclusion/Exclusion

What patients are INCLUDED in the data set?

- Patients that had a radiation therapy treatment scheduled with a treatment plan of 15-45 fractions
- Patients that are receiving
 - first course of treatment OR treatment due to a recurrence
 - concurrent chemo/radiation treatment
 - hyper fractionated treatment Patients receiving treatment for curative intent
- Any treatment visits totaling 3 or more missed

What patients are EXCLUDED:

- Patients receiving radiation for palliative (pain relief) purposes (examples bone mets, brain mets)
- Patients receiving SBRT or Ultra fractionated treatment (< 15 treatments)

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More about data

- No patient identifying data is collected
- Data is only collected in aggregate, whole numbers
- Pre/post surveys collect data on current practices, perceived barriers and facilitators, and organizational readiness and are not provider/staff specific
- ACS Cancer Programs has been granted an IRB status exempt/non-human subjects research status

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Year 1

Community Map

- Identify partner organizations for resources

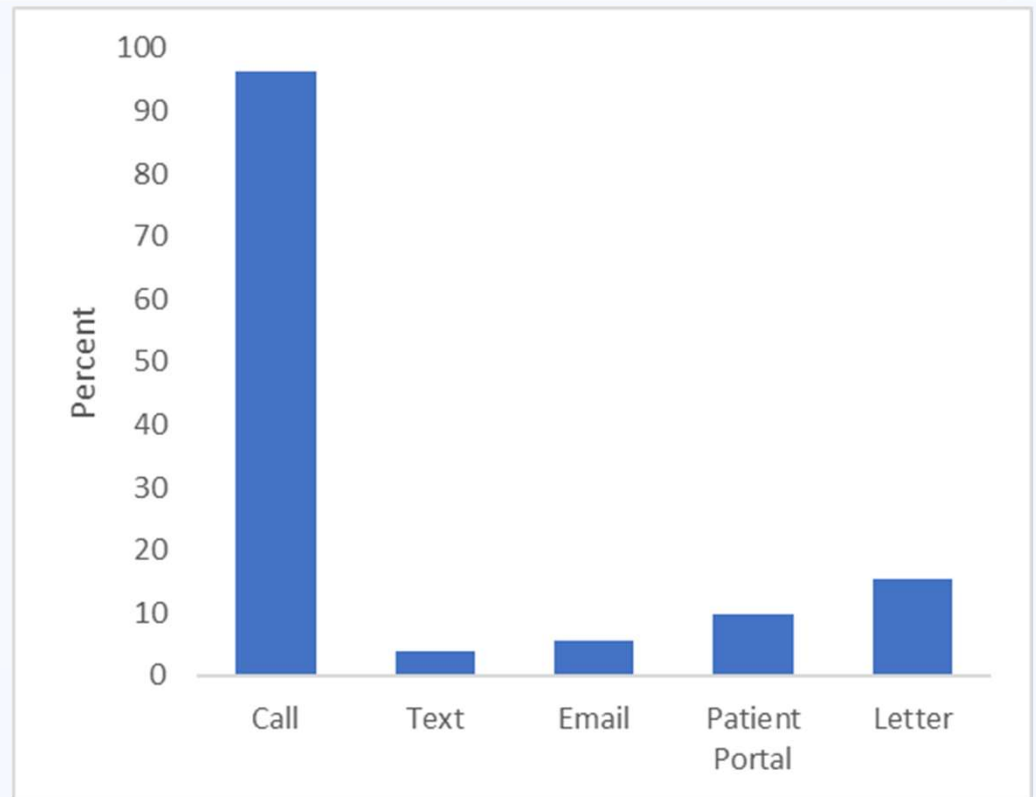
Evaluate systems

- Could they identify “no shows”?
- Do they contact patients who “no show” and if so, how?
- Do they know the reason for the no show”?
- Do they have a system in place to intervene for a “no show”?
Do they document any of this?

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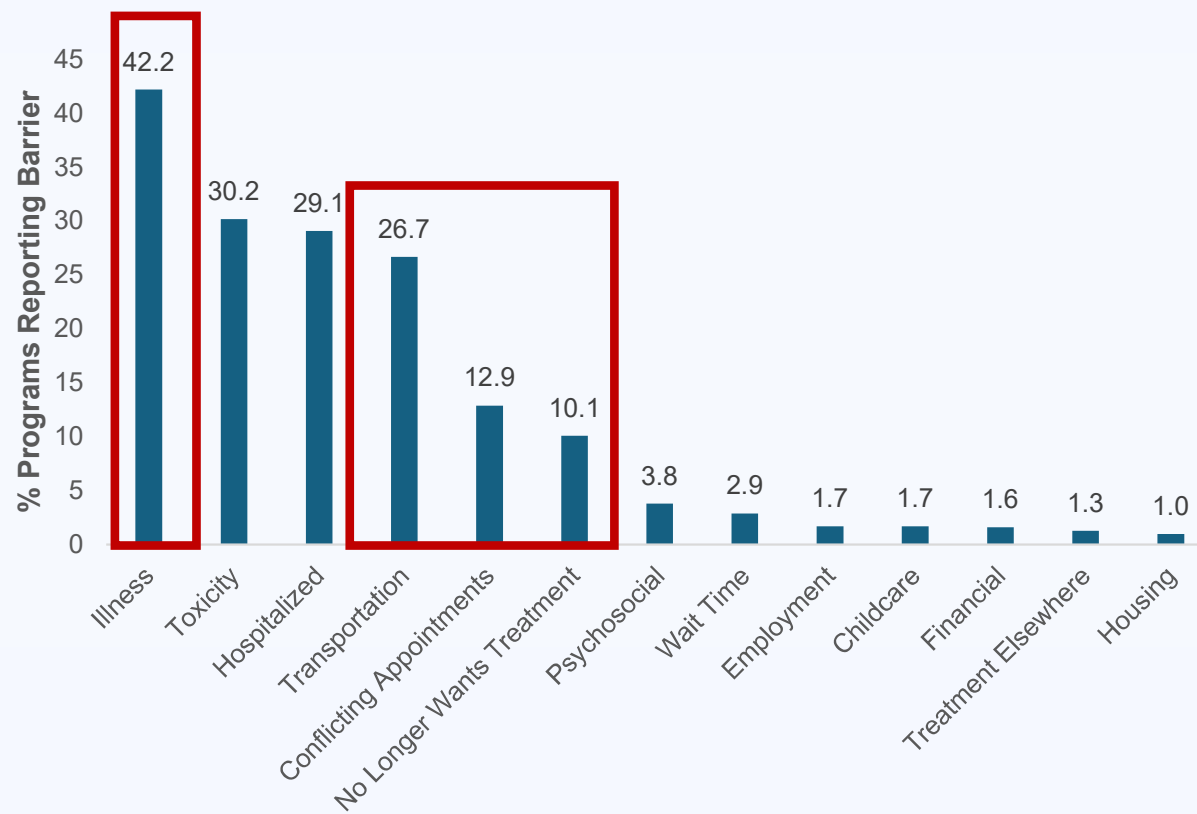
Baseline Data- 360 programs

- 1.8% did not have a system in place to follow up
- 78% had patients who missed 3 or more appts
- Most programs report approx. 10% of patient missed ≥ 3 appointment



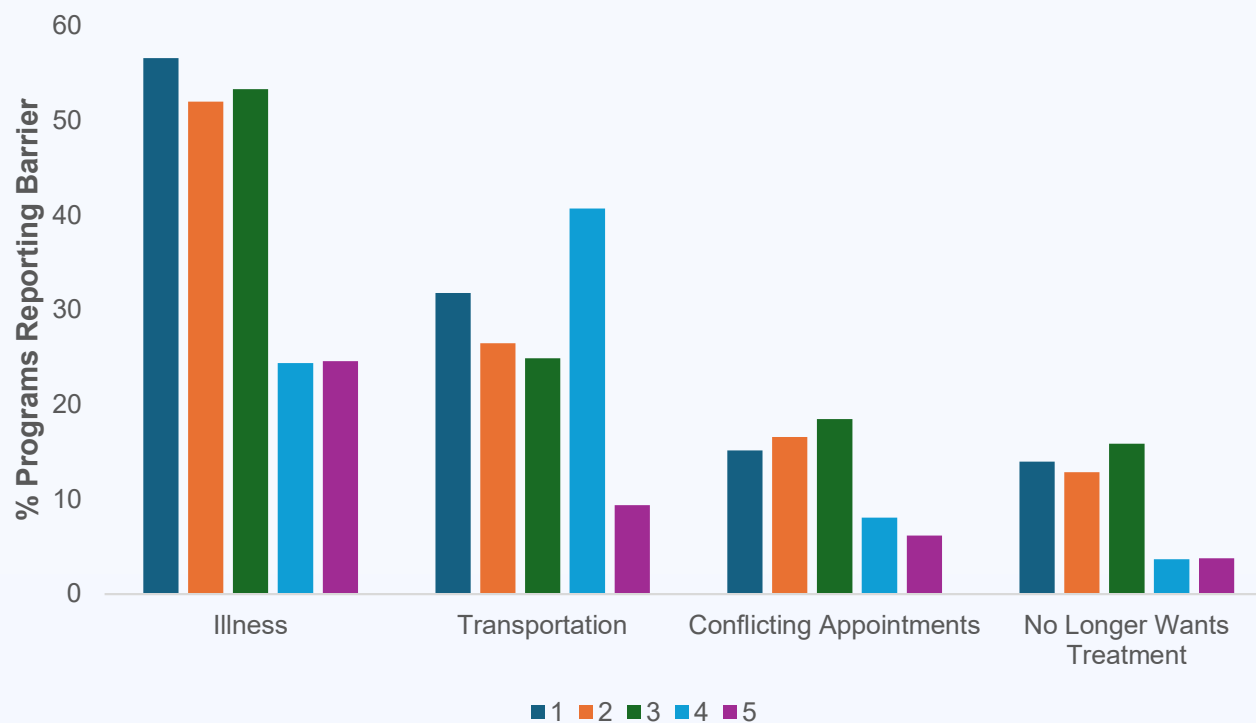
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Reasons for Missed Radiation Treatments



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Reasons for Missed Radiation Treatments Over Time



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At the end of Year 1...

- **93.2%** of programs have been able to identify the most common barriers for why patients miss scheduled radiation treatments
- **93.2%** of programs have been able to prioritize which barriers will have the most impact on reducing missed appointments at your organization/program
- **70.6%** of programs already have a plan to address these barriers
- **61.1%** of programs have already identified programmatic and/or community referrals

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2-Year Data Overview

Characteristics of participating programs participating (N=198)

Characteristic			
Overall, no.		194	
Program type, no. (%)			
Academic		21 (10.8)	
Community		37 (19.1)	
Comprehensive Community		53 (27.3)	
Integrated Network		72 (37.1)	
Other		11 (5.7)	
Safety net hospital status, no. (%)			
Yes		18 (9.3)	
No		176 (90.7)	
Geographic census division, no. (%)		Census region, no. (%)	
Pacific	17 (18.8)	West	22 (11.3)
Mountain	5 (2.6)		
West North Central	12 (6.2)	Midwest	54 (27.8)
East North Central	42 (21.7)		
West South Central	7 (3.6)	South	84 (43.3)
East South Central	16 (8.3)		
South Atlantic	61 (31.4)		
Middle Atlantic	29 (15.0)	Northeast	34 (17.5)
New England	5 (2.6)		

- More represented programs:
 - INCP(n=72, 37.1%)
 - CCCP (n=53, 27.3%).
- 18 (9.3%) were safety net hospitals
- Location:
 - South (n=84, 43.3%)
 - Midwest (n=54, 27.8%)

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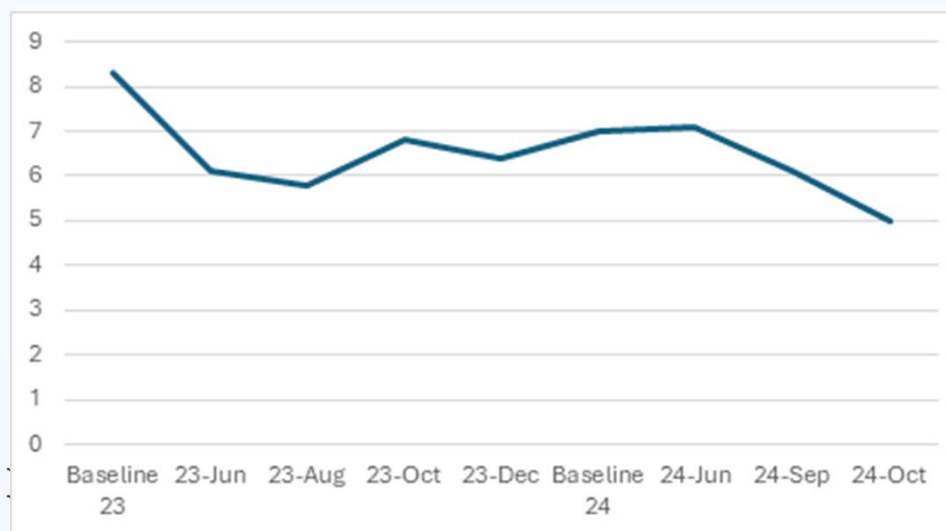
Missing ≥ 3 appointments Year 1 Vs Year 2

Year 1 N=53,049	Baseline 716/8652 = 8.3%	June 727/11848=6.1%	August 642/11135=5.8%	October 722/10665=6.8%	December 686/10749=6.4%
Year 2 N=46,008	Baseline 905/12870=7.0%	June 784/11051=7.1%	September 637/10521=6.1%	October 581/11566=5.0%	

Total number of patients tracked:

Year 1: 53,049

Year 2: 46,008



First vs last data collection:

Chi-square with Yates correction= 76.341

$P < .0001$



Total number and percentage of patients who missed three or more radiotherapy appointments by program characteristics and primary site: $p < 0.001$.

	N=Patients Who Missed ≥ 3 Radiotherapy Appointments	N=Total Patients Scheduled for Radiotherapy,	Baseline No-Show Rate, %	Final No-Show Rate, %	p-value
Program type					
Academic	1596	17985	8.8	6.4	0.013
Community	867	9090	11.6	10.5	0.410
Comprehensive Community	1428	23270	6.4	4.0	<0.001
Integrated Network	2351	35055	8.7	6.9	0.006
Other	158	13657	4.2	0.6	<0.001
Census region					
West	723	18856	5.7	2.1	<0.001
Midwest	1188	23772	8.8	3.1	<0.001
South	3212	41638	8.5	6.1	<0.001
Northeast	1277	14791	9.8	10.3	0.671
Primary site					
Breast	1508	34168	6.8	4.1	<0.001
GYN	382	2818	14.4	7.4	0.011
Head and Neck	1187	9723	12.3	10.7	0.297
Lung	901	8632	8.8	9.2	0.816
Prostate	851	13899	5.6	5.4	0.836
GI	214	2605	10.1	5.3	0.042
Rectum	280	1907	16.9	11.6	0.151
Other	1077	25305	9.5	2.6	<0.001

Barriers Addressed

- 151 programs completed the end of year 2 survey, 107 (70.9%) decreased their no-show rates
- Programs addressed a mean of 1.26 (STD 0.8) barriers
- Programs that decreased their no-show rates addressed 1.18 barriers
- Programs that did not change or increased their no-show rates addressed 1.43 barriers ($p=0.030$).
- The most frequently addressed barriers were
Transportation (n=94, 62.3%)
patient illness unrelated to toxicity (n=56, 37.1%).

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Interventions

Most frequently implemented interventions were:

- Development of a workflow and/or protocol related to the barrier (n=104, 68.9%)
- Embedded processes for patient reminders (n=82, 54.3%)
- Identification of additional internal organizational resources to address patient barriers (n=82, 54.3%)

Programs that decreased their no-show rates more frequently:

- Developed a workflow and/or protocol related to the barrier (70.1%)
- Used electronic health record enhancements to support internal or external referral to services (22.4%)
- Formalized a navigation program (28.0%)

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Aims:

- Leverage pilot data and the established framework from the Breaking Barriers QI initiative this study aims to:
 - Assess the impact of the Breaking Barriers framework on “no show” rates
 - Evaluate barriers and facilitators to successful implementation of the Breaking Barriers toolkit and identify opportunities for scalability and sustainability

Upcoming Data Analysis

- Toolkit interventions used and linking those to barriers
- Qualitative data:
 - What about the QI project was most/least helpful, barriers and facilitators to implementation
 - What about the toolkit was most/least helpful, etc.

QUESTIONS????

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