

ASCO Quality Training Program

Bridging the Divide Decreasing No Show Rates among African American Breast Cancer Patients

Paula Rosenblatt MD, Assistant Professor
University of Maryland Greenebaum Comprehensive Cancer Center
Breast Medical Oncologist
Medical Director Outpatient Cancer Center
June 18, 2021

Institutional Overview

- The University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UMGCCC) is a National Cancer Institute-designated comprehensive cancer center located in Baltimore, Maryland
- UMGCCC is committed and a leader in addressing cancer disparities
 - Program in population science devoted to health equity and disparities
 - High minority enrollment in clinical trials
- Breast Medical Oncology represents approximately 2300 visits per year

Team members

- Team Leader: Paula Rosenblatt, MD
- Core Team Members: Mary McQuaige, BSN, RN, OCN, Nick Jaidar, FACHE, MHA
- Theresa Card – Senior Quality & Safety Coordinator
- Contributing Team Members: Scheduler, Nurse Navigators, Nurse Coordinators, Social Workers, Medical Assistants, Physicians, Patients
- QTP Coaches: Holley Stallings, RN, MPH, CPH, CPHQ & Grace Campbell, PhD, MSW, CRRN

Problem Statement

Between September 2019-August 2020, African American breast oncology patients seen at the UMGCCC located in Baltimore MD demonstrated disproportionately high rate (13.2%) of no shows relative to other groups seen in the cancer center. High no show rates can lead to untimely treatment, delays of care, increased cost of care and variation of clinical outcomes for patients

Baseline data summary

Item	Description
Measure:	No Show rates among African American population relative to other groups
Patient population: <i>(Exclusions, if any)</i>	Outpatient breast oncology patients receiving infusion services seen at our downtown Baltimore campus
Calculation methodology:	Number of No Show divided by total scheduled visits
Data source:	Electronic Medical Record (EPIC)
Data collection frequency:	One Time
Data limitations:	Accuracy of EMR

Baseline data

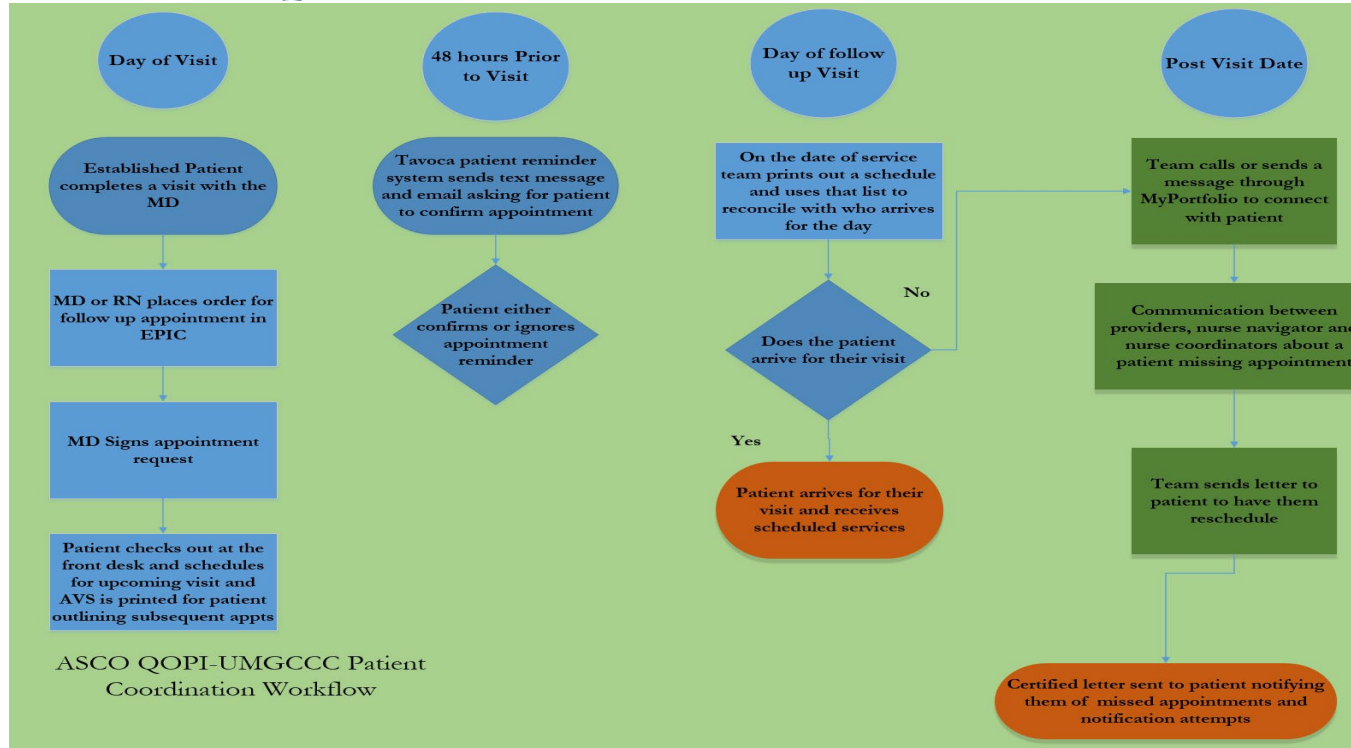
Demographic	Scheduled Visit	No Show	No Show %
American Indian or Alaskan Native	4	1	25.0%
Asian	81	6	7.4%
Black or African American	1236	162	13.1%
Declined to Answer	9		0.0%
Native Hawaiian or Other Pacific Islander	2		0.0%
Other	108	9	8.3%
Unknown	1	1	100.0%
White	877	50	5.7%
Grand Total	2,318	229	9.9%
<i>Total less African American</i>	1,081	67	6.2%

Aim Statement

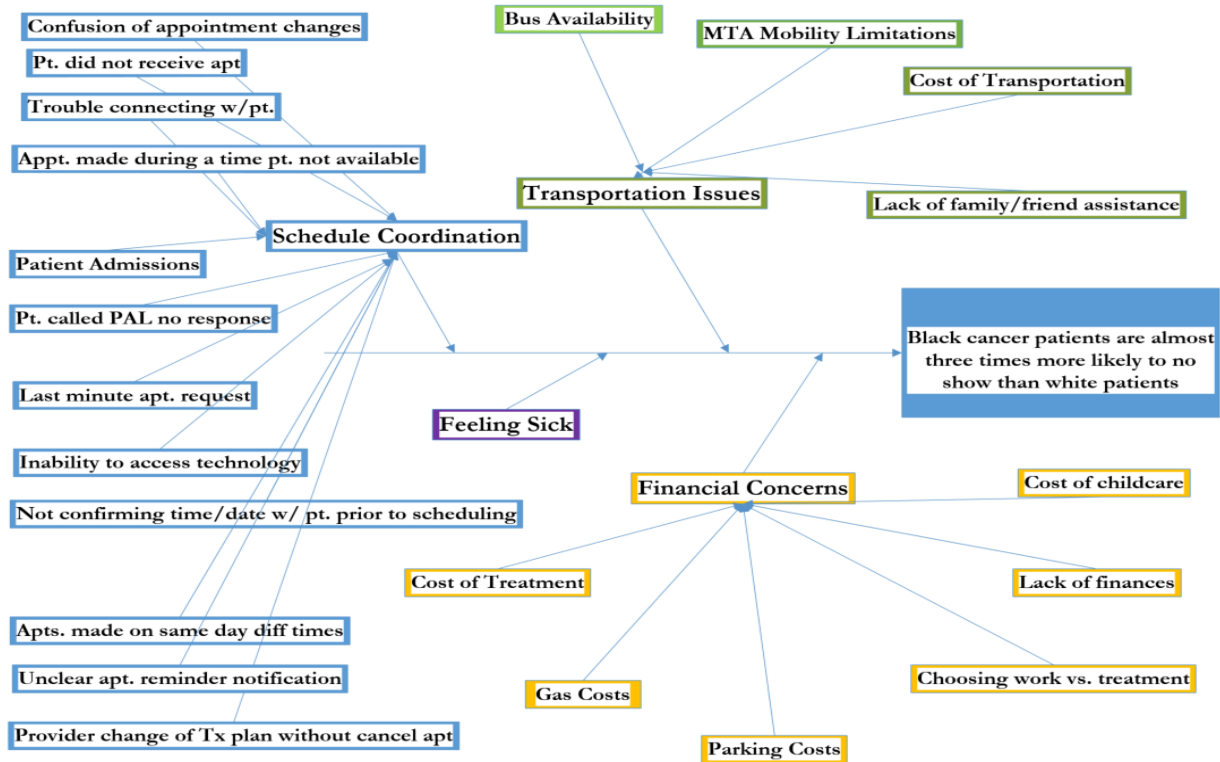
By the end of June 2022, we will decrease no show percentage rates amongst African American breast cancer patients seen at UMGCCC to meet the following targets:

- Less than 11% by end of December 2021
- Less than 9.5% by end of June 2022

Process Map



Fishbone Diagram



Priority / Pay-off Matrix

<p>High</p>	<ul style="list-style-type: none"> ➤ Financial: Provide all breast cancer pts free parking for f/u visits ➤ Health Literacy: Reconcile education content (new pt folder, chemo educ. folder, & orientation binder) to develop a 1 page 'Keys to Success' checklist ➤ Schedule Coordination: Modify Tavoca msg to specify provider being seen ➤ Schedule Coordination: Modify Tavoca msg to send a second msg 24 hrs prior to appt if pt does not confirm appt at 72 hr reminder 	<ul style="list-style-type: none"> ➤ Transportation: Identify pts exceeding target No Show rate. SW- assess transportation need, schedule Lyft, & call 48hrs prior to appt ➤ Schedule Coordination: Run daily Tavoca report of pts who do not confirm appt. Leverage Onc Asst & MA to make reminder calls to pts on list daily at 3pm ➤ Identify patients at high risk for no show and have SW call to remind, assist in transportation or identifying other barriers
<p>Low</p>	<ul style="list-style-type: none"> ➤ Schedule Coordination: Enable breast center registrars to schedule fast track related services 	<ul style="list-style-type: none"> ➤ Schedule Coordination: Coordinate for team member to be available in clinic to assist patients sign up for MyPortfolio to encourage electronic communication in EPIC and viewing appointments
<p>Low</p>		<p>High</p>
		<p>Effort</p>

Process Measure

Diagnostic Data summary

Item	Description
Measure:	Number of “no show” appointments
Patient population:	AA/Black patients who received a patient reminder notification via TAVOCA and did not arrive for their appointment
Calculation methodology:	Numerator - Number of AA/Black patients that no showed for appointment Denominator - All scheduled breast appointments for the AA/Black population
Data source:	Electronic Medical Record (EPIC) Tavoca Patient Reminder System
Data collection frequency:	4 week intervals. One pre and post completed for this PDSA.
Data limitations:	Accuracy of EMR, multiple appointments in TAVOCA complication

Process Measure

Pre Intervention Data

	No show	Showed	Total	
White	8	105	113	7%
Black/AA	21	76	97	21%
Other	0	12	12	0%
	29	193	212	13%

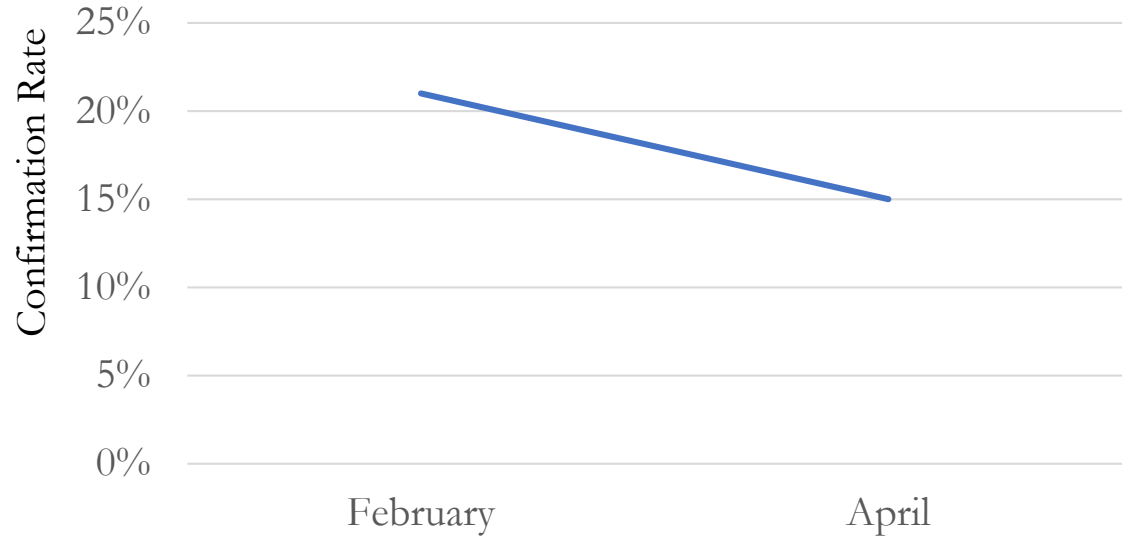
Process Measure

Post Intervention Data

	No show	Showed	Total	
White	10	78	88	11%
Black or AA	13	73	86	15%
Total	23	151	174	13%

Pre and Post Intervention PDSA 1

No show rate in African American/Black Patients



	No show/ Total
Pre	21/97 (21%)
Post	13/86 (15%)

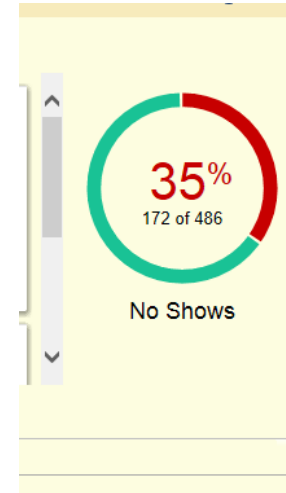
PDSA 2 – Causes of no shows – Qualitative Data

Called AA/Black patients that confirmed but did not show for appointment to investigate causes

- Transportation
- Overslept
- Childcare
- Duplicate appointment, Had appointment already that week
- Bad cold
- Patient had called and was not taken off schedule (husband death)
- Radiation appointment same day – did not know they were different

Future PDSA – Intervention for High risk patients

- Partner with Social Work to identify high risk pts
- Historic no-show rates in EPIC (>10%), active treatment, known barriers
- Interview patients for barriers
- Lyft program



Test of Change PDSA Plan

	Date	PDSA Description	Result	Action
One-Time Intervention	April 21, 2021	Modify the text reminder messages (TAVOCA) <ul style="list-style-type: none"> • Provide physician name • Provide location • Send at 72 and 24 hours prior to appointment 	<ul style="list-style-type: none"> • Modest improvement in no show rate • Obtain info on no show 	<ul style="list-style-type: none"> • Continue with keeping TAVOCA • Move to another intervention
Ongoing Intervention	June 2021	Investigate the causes for missed appointments in the “confirmed but no-show” category	<ul style="list-style-type: none"> • Better understanding of barriers 	<ul style="list-style-type: none"> • Social Work intervention
Ongoing Intervention	Next Steps June/July 2021	Call high risk patients to remind of appointments and address barrier; possible Lyft program		

Lessons Learned

- One project can lead to another
- Patient perspective and involvement is paramount
- Plan for extra time
- Dependence on IT can be frustrating
- Low effort, high reward is not always the case
- Realize there are limited resources – people, time, and money

Conclusion

- African American patients have higher rates of not attending appointments at The University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UMGCCC)
- Improving our messaging system had a numeric improvement in overall no-show rates of all races
- Further intervention to improve African American appointment attendance is needed
- Addressing barriers to attending appointments is critical for smooth treatment and follow up