



WEST
CANCER CENTER
& RESEARCH INSTITUTE

partner of  OneOncology™

Improving Missed Follow-up Appointments within a Community Oncology Practice Serving the Under-Served

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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

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STAVROS NIARCHOS
FOUNDATION

WEST CANCER CENTER AND RESEARCH INSTITUTE

- The premiere adult cancer center in Memphis.
- Mission: “to provide innovative, superior adult cancer care with a singular focus on physician-driven decisions to do what is best for all patients (regardless of socioeconomic status), community, and the future of cancer care.”



About West Cancer Center

SCOPE OF SERVICE



GYNECOLOGIC ONCOLOGY

4,372
Patients

1,911
Gynecologic
Surgeries

1,549
New Patients

429
Robotic
Gynecologic
Surgeries



MARGARET WEST COMPREHENSIVE BREAST CENTER

19,438
Screening
Mammograms

18,775
Diagnostic
Mammograms

16,549
Breast Ultrasounds

1,595
Breast Biopsies

1,327
Breast Surgeries

876
New Patients



MEDICAL ONCOLOGY

68,729
Drug
Treatments

31,005
Patient
Visits

11,066
New Patients

188
Cancer Types
Treated

30
Specialized
Providers



RADIATION ONCOLOGY

30,340
Radiation
Oncology Treatments

15,211
Intensity-Modulated
Radiation Therapy
Treatments

886
Partial Breast
High-Dose Brachytherapy

507
Stereotactic Body
Radiation Therapy Treatments

207
GYN High-Dose
Brachytherapy

62
Eye Plaque Brachytherapy

29
Prostate Low-Dose
Brachytherapy



INTERVENTIONAL & DIAGNOSTIC RADIOLOGY

29,983
Computed
Tomography (CT)
Scans

12,140
Interventional
Procedures

3,424
Ultrasounds

2,690
Positron Emission
Tomography (PET) Scans

2,442
Magnetic Resonance
Imaging (MRI) Scans



Fullscreen



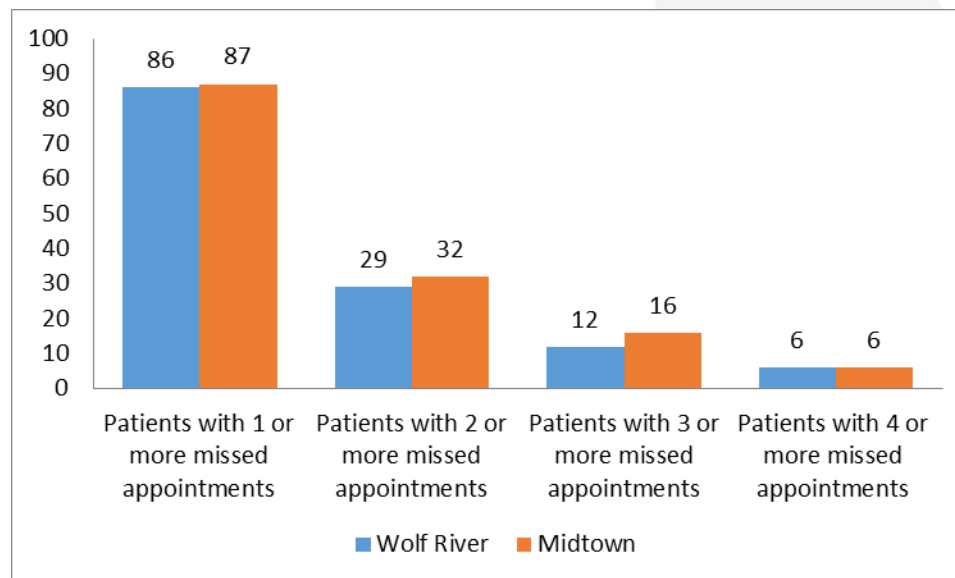
Core Team Members

- Noam VanderWalde
 - Director of Research, Radiation Oncology
- Cynthia Tankersley
 - Director of Survivorship Services
- ~~Shandell Kidd~~
 - ~~ANP in medical oncology~~
- Gregory Vidal
 - Associate Director of Breast Oncology, Medical Oncology
- Coaches:
 - Piyush Srivastava
 - Devika Das



Original Problem Statement

- In the third quarter of 2019, two of our clinicians had an on treatment follow-up “no-show” rate of 24% at their inner city clinics.
- Missed appointments impact care as well as access to appointments for other patients, leading to worse cancer outcomes among under-served populations.
- Evaluation Period: July – September 2019.



Baseline Data Summary

Item	Description
Measure:	No Show Follow up Appointments
Patient population: <i>(Exclusions, if any)</i>	Patients from 2 physician's clinics (excluding non-oncologic diagnosis)
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Number of No shows/Number of Total Appointments
Data source:	EMR
Data collection frequency:	Quarterly
Data limitations: <i>(if applicable)</i>	Incorrect ICD-10 codes for Oncology appointments



Baseline Data

- Also Collected information on:
 - Insurance
 - Address
 - Age
 - Gender
 - Race
- All Available in EMR
- Not Available in EMR: Transportation, occupation, support systems, caregiver status.

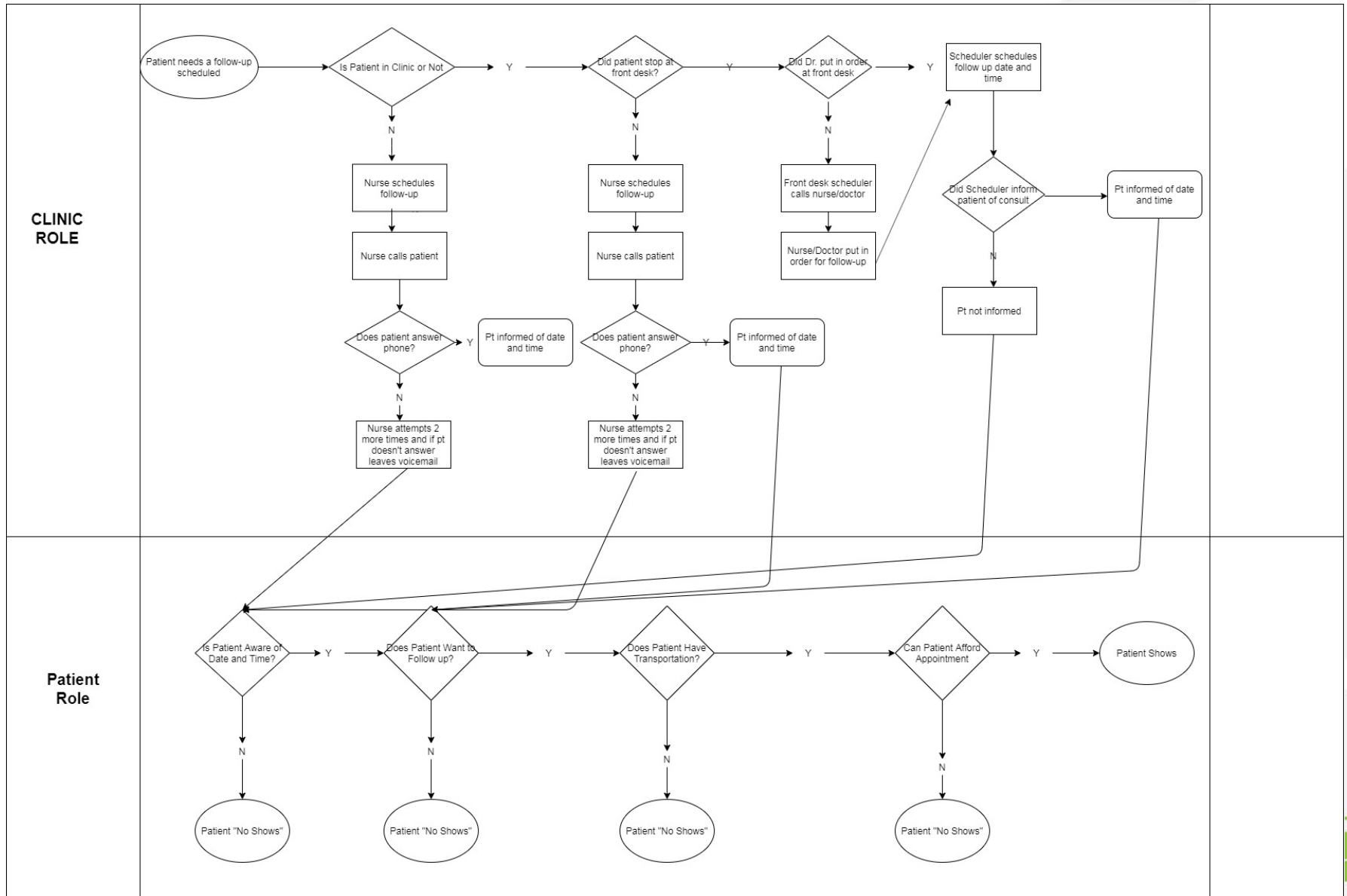


Aim Statement

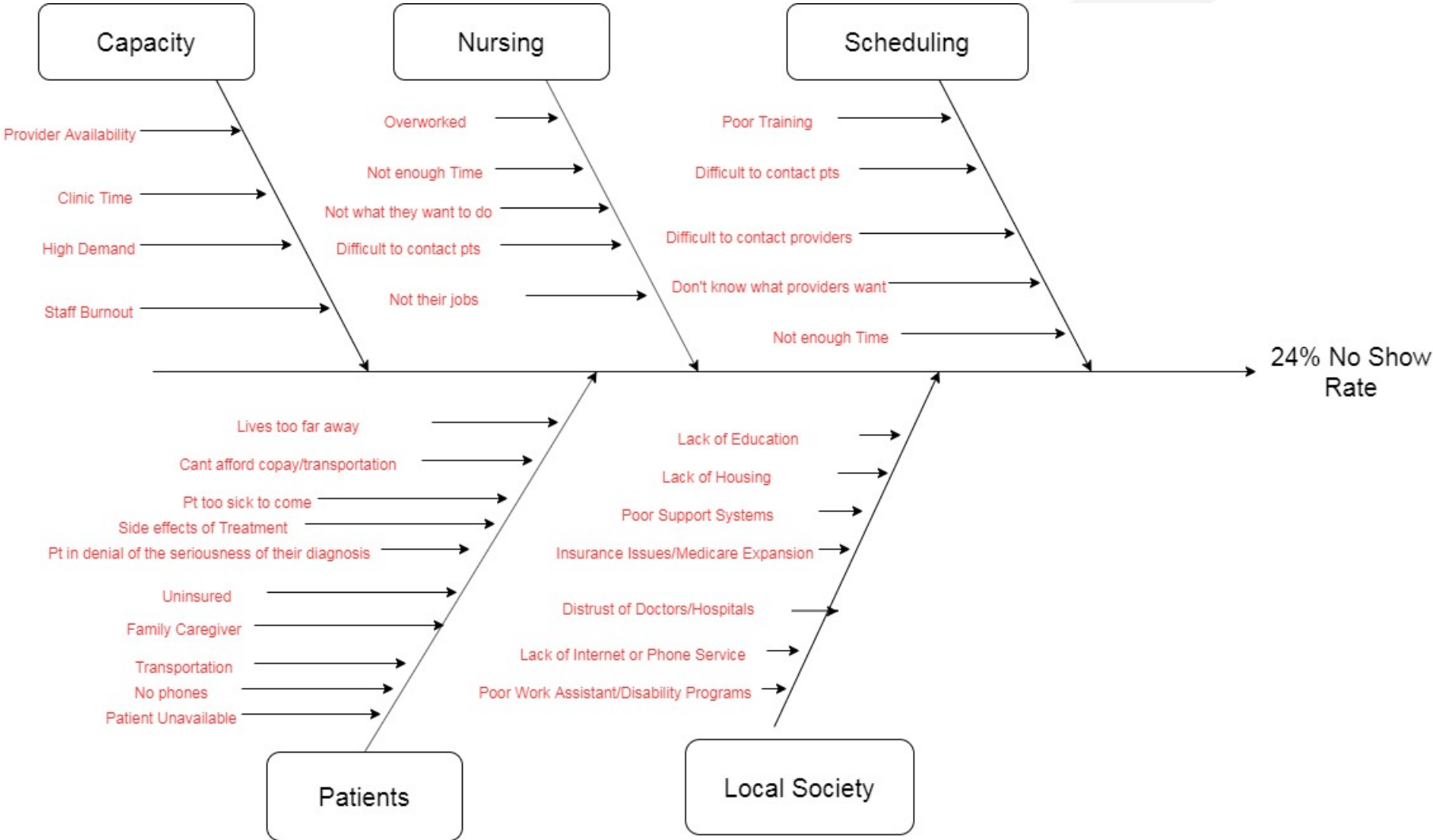
- By June of 2020:
- Decrease our “No Show” appointment rate within clinics at our inner city site by 10%.



Process Flow Chart



Cause and Effect Diagram

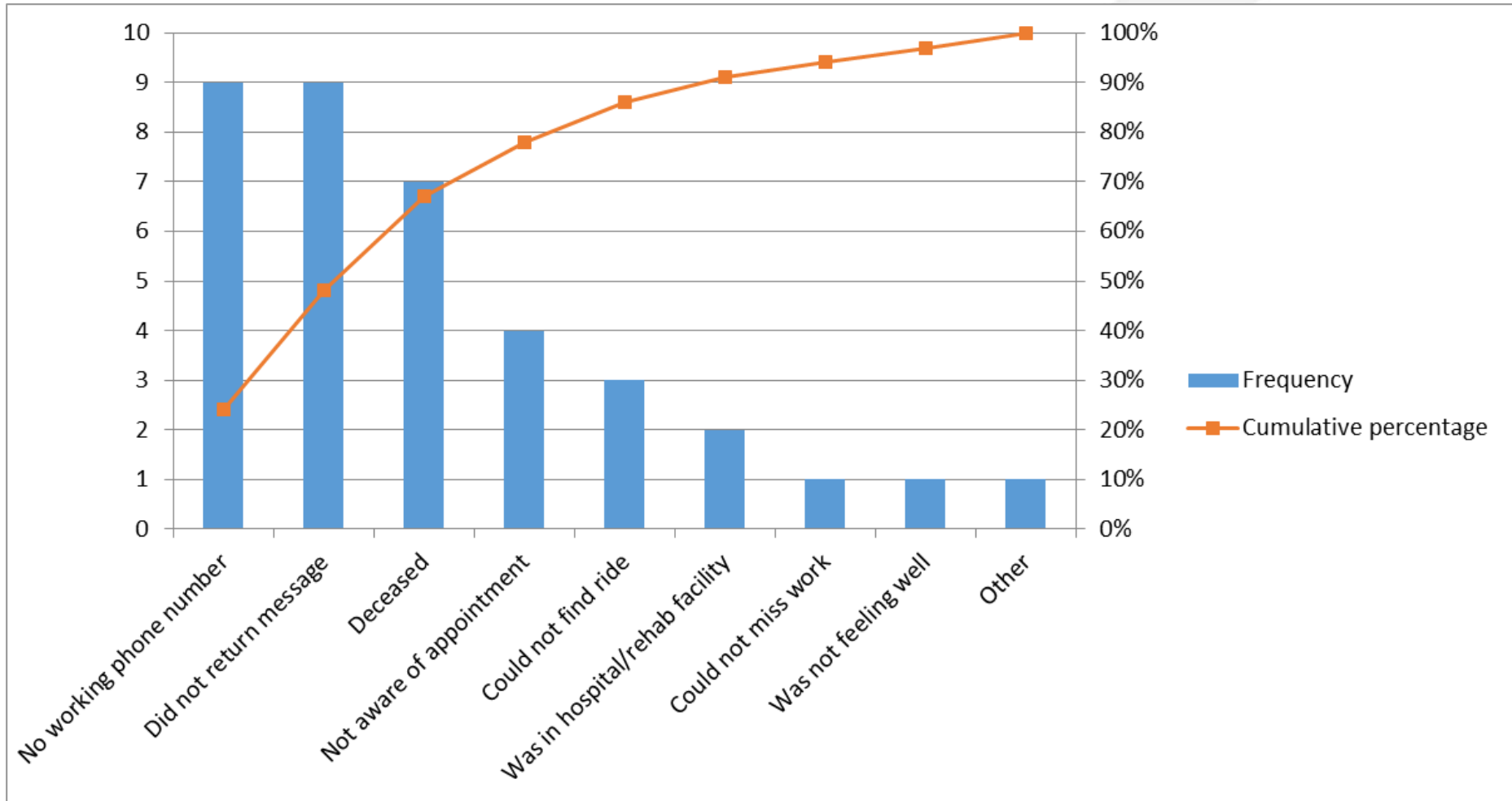


Interview Patients

- Attempted to Contact 32 patients who missed more than one follow up appointment
- Identified some reasons for missed appointments



Pareto Chart



Initial Plan

- Plan-Do-Study Act:
 - Prospectively collect no-show rates and reasons for 1 quarter with the same 2 physicians inner city clinics
 - Do/Study: choose an intervention based on Pareto charted and the prospectively collected reason for missing appointments.
 - Act: Implement the intervention for the next quarter



COVID changed everything

- Change in Personnel
 - We lost one core team member (Shandell Kidd), as well as the entire data analytics team at our center (Gabriella Buffalino specifically had helped collect no show data).
 - Both physicians stopped their clinics
 - One physician left our center and moved to Pittsburgh
 - Second physician had a baby and went out on maternity leave for 3 months
- New Nature of Follow-ups:
 - CMS approved virtual visits due to COVID
 - Several follow up changed to Virtual visits



Virtual Visits = Possible Intervention

- New Aim Statement:
 - Virtual visits as a modality of care could reduce the no show rate in our inner city clinics by 10% by December 2020.



New plan: Virtual Visits

- After speaking with QTP faculty and coaches
- PDSA cycle 1:
- By the end of December we will prospectively collect the number of virtual visits and no show visits in our inner city clinic to identify if there is an inverse relationship.

