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

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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
- 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
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.

## Baseline Data Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Measure:</strong></td>
<td>No Show Follow up Appointments</td>
</tr>
<tr>
<td><strong>Patient population:</strong></td>
<td>Patients from 2 physician’s clinics (excluding non-oncologic diagnosis)</td>
</tr>
<tr>
<td><strong>Calculation methodology:</strong></td>
<td>Number of No shows/Number of Total Appointments</td>
</tr>
<tr>
<td><strong>Data source:</strong></td>
<td>EMR</td>
</tr>
<tr>
<td><strong>Data collection frequency:</strong></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Data limitations:</strong></td>
<td>Incorrect ICD-10 codes for Oncology appointments</td>
</tr>
</tbody>
</table>
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%.
Cause and Effect Diagram

Capacity
- Provider Availability
- Clinic Time
- High Demand
- Staff Burnout

Nursing
- Overworked
- Not enough Time
- Not what they want to do
- Difficult to contact pts
- Not their jobs

Scheduling
- Poor Training
- Difficult to contact pts
- Difficult to contact providers
- Don't know what providers want
- Not enough Time

Patients
- Lives too far away
- Can't afford copay/transportation
- Pt too sick to come
- Side effects of treatment
- Pt in denial of the seriousness of their diagnosis
- Uninsured
- Family Caregiver
- Transportation
- No phones
- Patient Unavailable

Local Society
- Lack of Education
- Lack of Housing
- Poor Support Systems
- Insurance Issues/Medicare Expansion
- Distrust of Doctors/Hospitals
- Lack of Internet or Phone Service
- Poor Work Assistant/Disability Programs

24% No Show Rate
Interview Patients

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

- No working phone number
- Did not return message
- Deceased
- Not aware of appointment
- Could not find ride
- Was in hospital/rehab facility
- Could not miss work
- Was not feeling well
- Other

Frequency
Cumulative percentage
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.