

Primary Care Provider Update: Directive #2 and Cancer Screening (January 27, 2022)

Current Status

- The Ontario Government recently re-instated Directive #2 under Section 77.7 of the *Health Protection and Promotion Act*. The purpose of the Directive is to allow for the ramp down of non-essential services if required to preserve health system capacity to meet the health care needs of patients with COVID-19.
- Ontario Health (Cancer Care Ontario) (OH-CCO) has indicated that cancer screening tests (including those delivered by primary care providers in their offices) and associated follow-up/ diagnostic assessment procedures **can be continued** based on availability of resources. Currently, the cessation of non-essential care under Directive #2 **does not apply to primary care**.
- Risk-based prioritization frameworks for both screening and diagnostic assessment should be followed if ramp down of services needs to occur to respond to resource and capacity limitations.

Program	Status	What You Need to Know
Screening	Continue with routine screening unless resource/capacity issues (then follow risk-based prioritization*)	<ul style="list-style-type: none"> • Screen all eligible with a focus on priority patient populations if capacity issues exist • A summary of priority populations for the Ontario Breast Screening Program (OBSP), Ontario Cervical Screening Program (OCSP) and ColonCancerCheck (CCC) Program is available here. Reminder: <ul style="list-style-type: none"> ○ Initiate cervical screening at age 25 (guideline change) ○ Colon cancer screening should be with use of the Fecal Immunochemical Test (FIT) and not with colonoscopy unless the client has a first degree family history of colon cancer or a previous history of colonic polyps or cancer (i.e. surveillance) ○ Some hospital-based breast screening services may be reduced to respond to site-specific pressures. A complete list of OBSP sites in the region is available here.
Diagnostic Assessment	Risk-based prioritization*	<ul style="list-style-type: none"> • Referrals will be triaged according to risk and alignment with guidelines • Non-urgent and elective referrals may be deferred or rejected based on capacity.
Cancer Screening Correspondence	No change	<ul style="list-style-type: none"> • OH-CCO has not announced any planned changes to cancer screening correspondence letters at this time

* Individual providers may need to adjust their screening and diagnostic service capacity as-needed to respond to site-specific pressures

Key Messages and Actions for Providers

- 1 **Continue to provide and promote cancer screening.** Emergent/urgent care for patients should be prioritized, but providers should continue to provide cancer screening services to patients who are due/overdue for screening in their offices. Follow-up of abnormal screens (e.g. positive FIT, high grade cervical dysplasia and BIRADS 4 and 5 breast imaging) will continue to be prioritized.
- 2 **Educate patients about what to expect when visiting a clinic or hospital.** Reassure patients that safety measures are in place. Emphasize the importance of attending or giving notice if there is a need to change an appointment. Suggest reviewing the hospital/clinic website prior to a visit. Many sites have implemented tools like online COVID-19 screening that can be completed prior to appointments to avoid line-ups.
- 3 **Stay connected.** Reach out to your Regional Primary Care Lead, Dr. Meghan Davis (dr.meghan.davis@gmail.com) if you have questions. Updates and provider resources are posted on the regional website: <https://hnhbscreenforlife.ca/covid-19/healthcare-providers/>. Follow us: Facebook or Twitter (@HNHB_Cancer).