



**Preventative Care & Your Patients:  
Tools to Improve Cancer Screening**

**Feb 24, 2023**

**Victoria Bui, Quality Improvement Decision Support Specialist  
Hamilton Family Health Team**

# Agenda

- Welcome and introductions
- Provider Resources
  - Screening Activity Report (SAR) Overview and Demo
  - Cancer Screening Blog
  - Physician-Linked Correspondence
  - Individualized Cancer Screening Dashboard
  - MyPractice Report
  - MainPro+ Self-Practice Audits
  - Cancer Screening EMR Optimization Guides
  - Digital Communication Pathway and Communication Templates for FIT requisitions
- Patient Education Resources
  - MyCancerIQ
  - Health Promotion Resources
- Q&A

# Intro

## The Issue:

- The COVID-19 pandemic has significantly impacted cancer screening rates in Burlington. In the most recent data provided by Ontario Health,\* we have seen a decline in the number of eligible Burlington patients who are up-to-date with routine screening:
  - Only 48.5% of eligible Burlington patients are up-to-date with colorectal screening (down ~17% from pre-COVID averages)
  - Only 52.4% of eligible Burlington patients are up-to-date with cervical screening (down ~12% from pre-COVID averages)
  - Only 48.5% of eligible Burlington patients are up-to-date with mammograms (down ~17% from pre-COVID averages)

\*(Ontario Health Data Release, Oct 2020 – Sept 2021)

# PROVIDER RESOURCES

# Screening Activity Report

- Overview
- Colours of SAR
- Common Uses
- Navigating the SAR
- Frequently Asked Questions

# Screening Activity Report

- Supplementary tool to support physicians in improving their cancer screening activity
- Contains comprehensive screening data for breast, cervical and colorectal cancer
- Available anytime online – data refreshed on the 10<sup>th</sup> of each month
- Only available for physicians in primary care Patient Enrollment Models (PEMs) and data only includes rostered patients

# Screening Activity Report

- In general, the SAR can be used to:
  - Bring the EMR up to date and keep it updated
  - Find screen-positive patients who have been lost to follow-up
  - Find patients who are due for screening
  - Find screening data for new rostered patients
  - Review screening rates and compare with the region and province

# Screening Activity Report Home Page

Screening Activity Report (SAR) as of 31-Dec-2016

[Go to Summary](#)

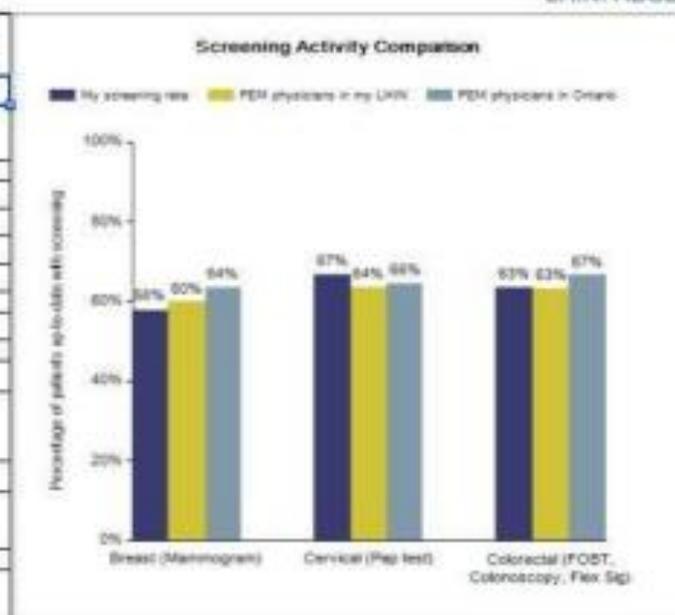
Dashboard

Physician: DOCTOR SAR

CPSO: 000000

LHIN: ABCD

Physician Level Summary	Breast Screening	Cervical Screening	Colorectal Screening
Total eligible individuals	265	288	297
Total excluded individuals (due to previous cancer, surgery, or OBSP high risk)	13	53	2
<b>Action required</b>	<b>114</b>	<b>201</b>	<b>169</b>
Abnormal screen, follow-up needed	0	6	2
Invalid result, retest required	N/A	0	2
Overdue for screening	114	195	145
<b>Due for screening ≤ 6 months</b>	<b>48</b>	<b>65</b>	<b>20</b>
<b>Physician review required</b>	<b>13</b>	<b>50</b>	<b>146</b>
Colonoscopy in the last 10 years or Flexible Sigmoidoscopy in the last 5 years	N/A	N/A	141
Review patient history	5	45	0
Abnormal screen, follow-up underway or completed	8	5	5
<b>No screening action required: normal screen</b>	<b>90</b>	<b>292</b>	<b>81</b>



Note: Data is reported as of the cut-off date. Recent screening and assessment activities may not be included due to data lag.

# Screening Activity Report Views

## Summary Report

Enrolled Patients Screening Summary as of 31-Dec-2016

[Go to Dashboard](#)  
Physician: DOCTOR SAR CPSO: 000000

Patient Information						Screening Status					
Surname	Given Name	HIN	Date of Birth	Age	Sex	Breast		Cervical		Colorectal	
						Eligible	Status	Eligible	Status	Eligible	Status
Surname 1	Given Name 1	HIN 1000			F	N		Y	Normal	N	
Surname 2	Given Name 2	HIN 1001			F	N		Y	Review	N	
Surname 3	Given Name 3	HIN 1002			F	Y	Action	Y	Review	Y	Review
Surname 4	Given Name 4	HIN 1003			M	N		N		Y	Action
Surname 5	Given Name 5	HIN 1004			F	Y	Action	Y	Normal	Y	Action
Surname 6	Given Name 6	HIN 1005			M	N		N		Y	Action
Surname 7	Given Name 7	HIN 1006			F	N		Y	Review	N	
Surname 8	Given Name 8	HIN 1007			M	N		N		Y	Normal
Surname 9	Given Name 9	HIN 1008			F	N		Y	Normal	N	
Surname 10	Given Name 10	HIN 1009			F	N		Y	Normal	N	
Surname 11	Given Name 11	HIN 1010			F	N		Y	Action	N	
Surname 12	Given Name 12	HIN 1011			F	Y	Normal	Y	Normal	Y	Action
Surname 13	Given Name 13	HIN 1012			M	N		N		Y	Action
Surname 14	Given Name 14	HIN 1013			F	Y	Action	Y	Action	Y	Action
Surname 15	Given Name 15	HIN 1014			F	Y	Action	Y	Action	Y	Action
Surname 16	Given Name 16	HIN 1015			F	N		Y	Review	N	
Surname 17	Given Name 17	HIN 1016			F	N		Y	Normal	N	
Surname 18	Given Name 18	HIN 1017			M	N		N		Y	Normal
Surname 19	Given Name 19	HIN 1018			F	N		Y	Normal	N	
Surname 20	Given Name 20	HIN 1019			F	Y	Action	Y	Action	Y	Action
Surname 21	Given Name 21	HIN 1020			M	N		N		Y	Action
Surname 22	Given Name 22	HIN 1021			F	N		Y	Action	N	
Surname 23	Given Name 23	HIN 1022			F	N		Y	Normal	N	
Surname 24	Given Name 24	HIN 1023			F	N		Y	Review	N	
Surname 25	Given Name 25	HIN 1024			F	N		Y	Review	N	
Surname 26	Given Name 26	HIN 1025			M	N		N		Y	Action
Surname 27	Given Name 27	HIN 1026			F	Y	Review	Y	Review	Y	Review

## Individual Patient View

Screening Status for S-144, G-419

As of: 31-Aug-2014

[Go to Dashboard](#)

Physician: JUAN JAMESPARTNER CPSO: 790822

**PATIENT INFORMATION**

Patient Name: S-144, G-419  
 HIN: 1111111111  
 Date of Birth: 23-Aug-1961  
 Age: 53  
 Sex: F

**Patient Screening Status Summary**

Breast		Cervical		Colorectal	
Eligible	Status	Eligible	Status	Eligible	Status
N		Y		N	

**Screening History**

Breast Screening		Cervical Screening		Colorectal Screening	
Screening Status		Screening Status		Screening Status	
Sub-status		Sub-status		Sub-status	
Next Cancer Date		Cervical Cancer Date		Colorectal cancer date	
Menstruation Date		Hysterectomy date		Collectory date	
CRSP high risk	Y	Most recent Pap date	09-Feb-2012	Most recent FOBT date	31-Jan-2013
Most Recent mammogram date		Most recent Pap result	Normal	Most recent FOBT result	Inconclusive
Most recent abnormal mammogram result		Most recent abnormal Pap date		Most recent abnormal FOBT date	
Screening recall		Most recent abnormal Pap result		Most recent abnormal FOBT result	
Most recent abnormal mammogram date		Most recent follow-up/ptgnostic date		Most recent Colonoscopy	
Most recent abnormal mammogram result		Most recent follow-up/ptgnostic type		Most recent Flexible Sigmoidoscopy	
Most recent follow-up/ptgnostic date				Most recent follow-up/ptgnostic date	
Most recent follow-up/ptgnostic type				Most recent follow-up/ptgnostic type	
Final result					

# Colours of the SAR

CCO guidelines are used to categorize patients into colour-coded groups:

**GREENs**

**YELLOWs**

**REDs**

**GREYs**

# Colours of the SAR

CCO guidelines are used to categorize patients into colour-coded groups:

**GREENs**  
**NO ACTION REQUIRED**

## All Screening Programs:

- Patient has been screened and result came back normal so is now up to date!

# Colours of the SAR

CCO guidelines are used to categorize patients into colour-coded groups:

## YELLOWs REVIEW REQUIRED

### Breast Screening:

- Screen complete but no result (i.e.. non-OBSP site)
- \*Follow up complete with benign result

### Cervical Screening:

- Screen complete but no result (non-OCSP reporting tool)
- Often a vaginal swab result and NOT a PAP result
- \*Colposcopy not reported

### Colorectal Screening:

- \*Scope. w/in 10 yrs or flex-sig w/in 5 yrs completed
- \*Scope completed but no result

...or DUE IN 6 MONTHS

# Colours of the SAR

CCO guidelines are used to categorize patients into colour-coded groups:

## REDS ACTION REQUIRED

### Breast Screening:

- Overdue

### Cervical Screening:

- Overdue
- Abnormal screen, follow up needed
- Insufficient cells

### Colorectal Screening:

- Overdue
- **Abnormal kit, follow up needed**
- Rejected kit, follow up needed

# Colours of the SAR

CCO guidelines are used to categorize patients into colour-coded groups:

## **GREYs** **NO ACTION REQUIRED**

### **All Screening Programs:**

- Patient is excluded from screening (e.g. had breast, cervical, or colorectal cancer)
- These patients should have post-cancer surveillance rather than screening

# Finding Patients Overdue for Screening

Click numbered link for “overdue for screening” under the category you are working with

Physician Level Summary	<a href="#">Breast Screening</a>	<a href="#">Cervical Screening</a>	<a href="#">Colorectal Screening</a>
Total eligible individuals	<a href="#">265</a>	<a href="#">588</a>	<a href="#">397</a>
Total excluded individuals (due to previous cancer, surgery, or OBSP high risk)	13	53	2
<b>Action required</b>	<a href="#">114</a>	<a href="#">201</a>	<a href="#">149</a>
Abnormal screen, follow-up needed	<a href="#">0</a>	<a href="#">6</a>	<a href="#">2</a>
Invalid result, retest required	N/A	0	<a href="#">2</a>
Overdue for screening	<a href="#">114</a>	<a href="#">195</a>	<a href="#">145</a>

Side with screening

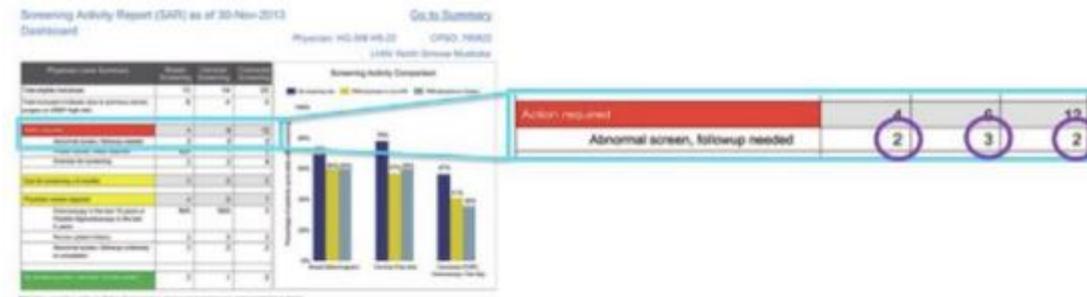
Select the sorting arrow beside “Date” until it sorts the list with blank date to find patients never screened fields at the top follow by patients that are most overdue

As of 31-May-2020

Patient Information				Screening Status		Exclusions		OBSP High Risk	Most Recent Mammogram		
Surname	Given Name	HIN	Age	Status	Sub-Status	Breast Cancer (Date)	Mastectomy (Date)		Date	Result	Screening Recall
					Overdue						
					Overdue						
					Overdue						

# Finding Patients Lost to Follow Up

Click a number for one of the screening programs under “Abnormal Screen, follow up needed”



Hyperlinks will bring up a smaller report of patients who have had an abnormal screen and no follow up – separated out by screening program.

Colorectal: Enrolled Patients 50-74  
As of 31-Dec-2015

Go to Dashboard

Patient Information					Screening Status		Evaluation		Most Recent FOBT		Most Recent Possible FOBT (CCC only)		Most Recent Colonoscopy		Most Recent Proct. Sig.		Most Recent Follow-up/Diagnosis/Action		
Surname	Given Name 1	PHN	Age	Sex	Status	Sub-Status	Colorectal Cancer (Date)	Total Colorectal (Date)	Date	Result	Date	Result	Date	Result	Date	Result	Date	Result	
Customer 1	Given Name 1	H09 20000		F	Abnormal				08-Nov-2015	Abnormal	08-Nov-2015	Abnormal							
Customer 2	Given Name 2	H09 20001		M	Abnormal				08-Nov-2015	Abnormal	08-Nov-2015	Abnormal							

\* ND: No data

Legend:  
 Abnormal: Abnormal screen, followup needed  
 Refused: Invalid result, result required  
 Overdue: Overdue for screening  
 Due in next 6 months: Due for screening in the next 6 months  
 Provider to review: Colonoscopy in the last 10 years or flexible sigmoidoscopy in the last 5 years OR review patient history  
 Follow-up pending: Abnormal screen, followup underway or completed  
 Normal: Normal screen

Filtered report for patients who had an abnormal screen and no follow up

# What does my SAR have that my EMR might not?



Provincial &  
Regional  
comparative data

Pap results  
done  
elsewhere

Patients' roster  
status

Misplaced results  
*(may have not come to your  
office, forgot to input into  
EMR, etc.)*

# What does my EMR have that my SAR might not?



Palliative patients identified

**BREAST:**  
Double mastectomies, cancer history (date delay), results for non-OBSP screens

Exclusion and high risk information

**CERVICAL:**  
Sexual activity status, some hysterectomies, colposcopy pap results

**COLORECTAL:**  
Colonoscopy results, colectomies, family history, high risk status

Patients who have declined screening

# Summary of Navigation

- **Components** of the SAR
  - Dashboard
  - Summary Report
  - Screening Program Report  
(*Individual Patient Report*)
- **Sorting** → recent screens  
→ review of 'reds'
- Positive results with **no follow-up**

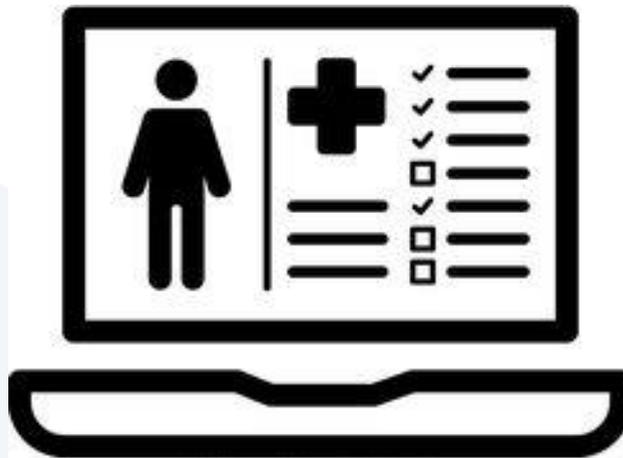


*No EMR? SAR can be used for **point of care** for screening.*

# More Uses: Bring your EMR up to date

## Your EMR:

An individual patient's record



Use the SAR to ensure new screening results are not missed and to check that positive screens have been followed up

## Your SAR:

An Individual Patient Report

Screening Status for S-144, G-419 [Go to Dashboard](#)  
As of: 31-Aug-2014 Physician: JUAN JAMESPARTNER CPSO: 790822

PATIENT INFORMATION	
Patient Name:	S-144, G-419
HIC:	1111111111
Date of Birth:	23-Aug-1951
Age:	63
Sex:	F

Patient Screening Status Summary					
Breast		Cervical		Colorectal	
Eligible	Status	Eligible	Status	Eligible	Status
N		Y		N	

Screening History				
Breast Screening		Cervical Screening	Colorectal Screening	
Screening Status	Screening Status	Due in next 6mths	Screening Status	Retest
Sub-status	Sub-status		Colorectal cancer date	
Breast Cancer Date	Cervical Cancer Date		Colorectal cancer date	
Mastectomy Date	Hysterectomy date		Colorectal date	
OBSF High risk	Most recent Pap date	09-Feb-2012	Most recent FOBT date	01-Jan-2013
Most Recent mammogram date	Most recent Pap result	Normal	Most recent FOBT result	Indeterminate
Most Recent mammogram result	Most recent abnormal Pap date		Most recent abnormal FOBT date	
Screening result	Most recent abnormal Pap result		Most recent abnormal FOBT result	
Most recent abnormal mammogram date	Most recent follow-up/agnostic date		Most recent Colonoscopy	
Most recent abnormal mammogram result	Most recent follow-up/agnostic type		Most recent Flexible Sigmoidoscopy	
Most recent follow-up/agnostic date			Most recent follow-up/agnostic date	
Most recent follow-up/agnostic type			Most recent follow-up/agnostic type	
Final result				

Process can take approx. 10 hours:

- Summer student or nurse
- After hours

# More Uses: Update new patients

## Your SAR:

### Patient Screening Summary + Individual Patient Report

Enrolled Patients Screening Summary as of 30-Nov-2013

Physician: HG-690 HMD HS-85 CPSO: 719085

Patient Information						Screening Status						
Surname	Given Name	HIN	Date of Birth	Age	Sex	Overall Screening Status	Breast Eligible	Breast Status	Cervical Eligible	Cervical Status	Colorectal Eligible	Colorectal Status
S-091	G-163	1111111111	01-Jul-1950	63	M	Review	N		N		Y	Review
S-161	G-183	1111111111	01-Jul-1950	63	F	Review	N	Normal	X		Y	Review
S-217	G-795	1111111111	01-Jul-1950	63	M	Review	N		N		Y	Review
S-225	G-521	1111111111	01-Jul-1950	63	F	Action	Y	Action	X		Y	Action
S-282	G-238	1111111111	01-Jul-1950	63	F	Normal	X		X		Y	Normal
S-311	G-183	1111111111	01-Jul-1950	63	F	Action	N	Review	Y	Action	Y	Review
S-331	G-157	1111111111	01-Jul-1950	63	F	Review	N	Normal	Y	Review	Y	Review
S-334	G-445	1111111111	01-Jul-1950	63	F	Action	Y		Y	Action	Y	Review
S-473	G-361	1111111111	01-Jul-1950	63	F	Action	Y	Action	Y	Normal	Y	Action

Screening Status for S-144, G-419  
As of 31-Aug-2014

Physician: JUAN JAMESPARTNER CPSO: 790822

[Go to Dashboard](#)

PATIENT INFORMATION					
Patient Name:	S-144, G-419				
HIN:	1111111111				
Date of Birth:	23-Aug-1951				
Age:	63				
Sex:	F				

Patient Screening Status Summary					
Breast		Cervical		Colorectal	
Eligible	Status	Eligible	Status	Eligible	Status
N		Y		N	Review

Screening History					
Breast Screening		Cervical Screening		Colorectal Screening	
Screening Status	Review	Screening Status	Review	Screening Status	Review
Sub-status		Sub-status	Due in next 6 months	Sub-status	Review
Breast Cancer Date		Cervical Cancer Date		Colorectal cancer date	
Mastectomy Date		Hysterectomy date		Colorectal date	
CEBP Page risk	Y	Most recent Pap date	08-Feb-2012	Most recent FOBT date	31-Jan-2013
Most recent mammogram date		Most recent Pap result	Normal	Most recent FOBT result	Indeterminate
Most recent mammogram result		Most recent abnormal Pap date		Most recent abnormal FOBT date	
Screening recall		Most recent abnormal Pap result		Most recent abnormal FOBT result	
Most recent abnormal mammogram date		Most recent follow-up/coloproct: date		Most recent Colonoscopy	
Most recent abnormal mammogram result		Most recent follow-up/coloproct: type		Most recent Flexible Sigmoidoscopy	
Most recent follow-up/coloproct: date				Most recent follow-up/coloproct: date	
Most recent follow-up/coloproct: type				Most recent follow-up/coloproct: type	
Final result					

Find the new patient's name or health card number in the Screening Summary Report → Click Hyperlink → Use Individual Patient Report to update EMR

# Exporting your SAR to Excel or PDF

Action Cancer Ontario | Screening Activity Report

Home | SAR Dashboard

“Actions” button at top left of all reports in SAR

Frequently Asked Questions • Clinical Guidelines • About the Data

Actions ▾

- Open with Report Builder
- New Data Alert
- Export ▾
  - XML file with report data
  - CSV (comma delimited)
  - PDF
  - Excel
  - TIFF file
  - Word
  - MHTML (web archive)

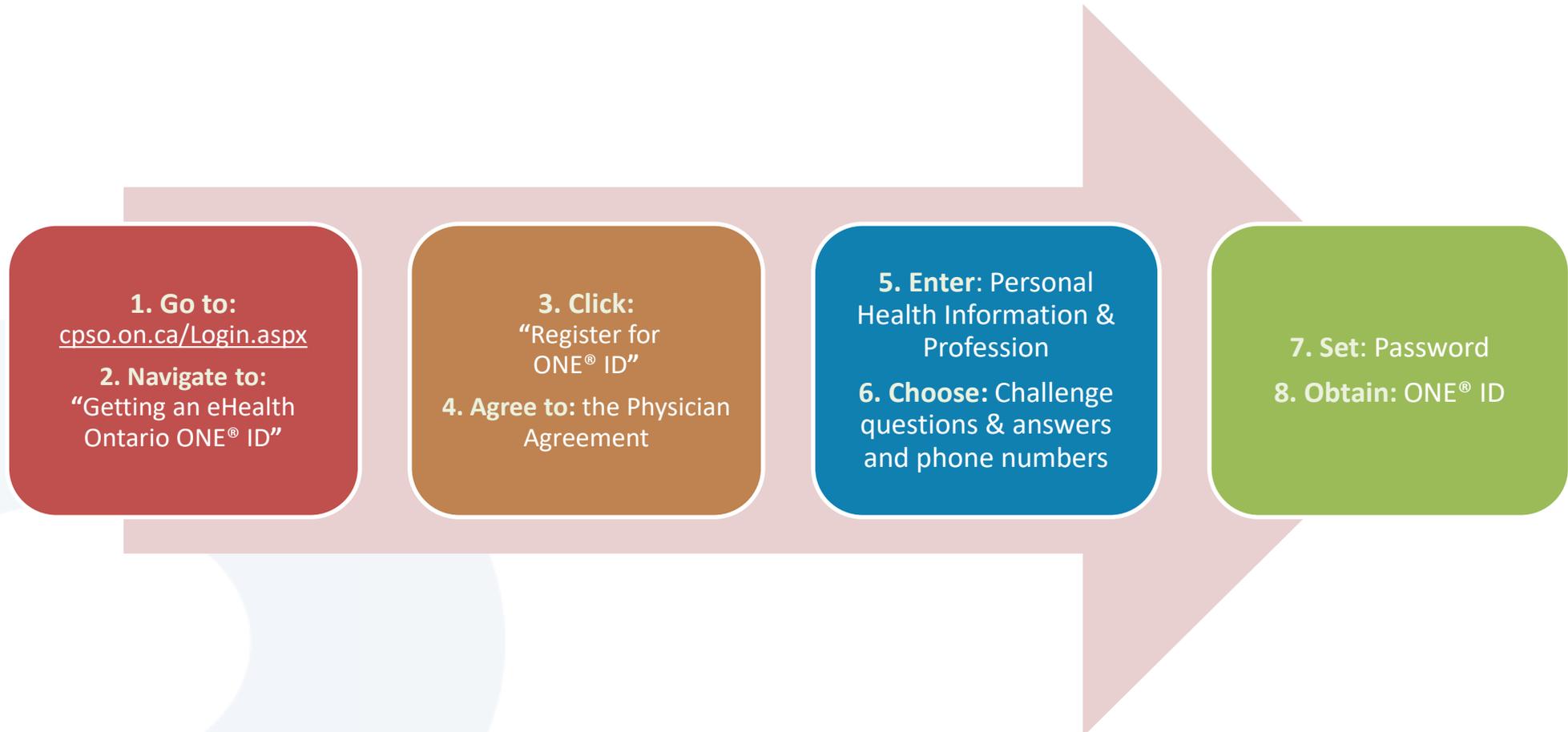
1 of 2 Find Next

Screening Summary as of 30-Nov-2013 [Go to Dashboard](#)

Physician: HG-308 HS-22 CPSO: 790822

Surname	Given Name	Sex	Eligible	Screening Status				
				Breast	Cervical	Colorectal		
			Eligible	Status	Eligible	Status	Eligible	Status
S-018	G-831	M	N		N		Y	Review
S-020	G-093	F	X		Y	Action	Y	Action
S-053	G-371	F	Y	Normal	X		X	
S-101	G-145	M	N		N		Y	Action
S-144	G-419	F	Y	Review	Y	Review	Y	Action
S-193	G-311	F	X		X		X	
S-232	G-213	F	X		Y	Action	Y	Review
S-233	G-397	M	N		N		Y	Action
S-301	G-156	F	Y	Review	Y	Review	Y	Action
S-313	G-355	F	Y	Action	Y	Action	Y	Review
S-369	G-931	M	N		N		Y	Action
S-372	G-215	F	Y	Review	Y	Normal	Y	Review
S-372	G-263	F	Y		X		Y	Normal
S-418	G-821	M	N		N		Y	Action
S-453	G-321	F	HR		Y	Review	Y	Action

# How to get a ONE<sup>®</sup> ID: Physicians



Any problems with your ONE<sup>®</sup> ID? Send an email to: [ONEIDBusinessSupport@ehealthontario.on.ca](mailto:ONEIDBusinessSupport@ehealthontario.on.ca)

# Use your team, add a delegate!



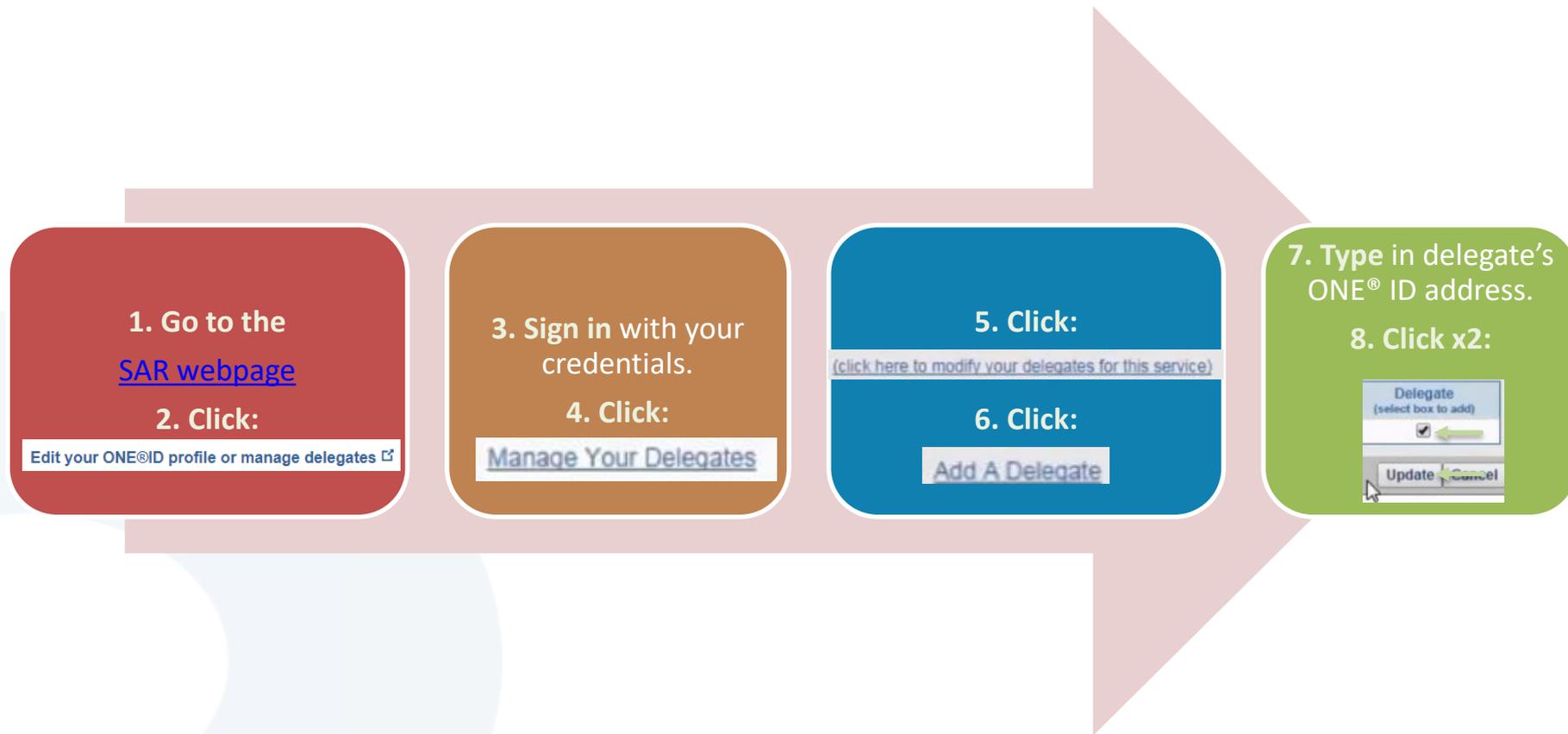
# How to get a ONE<sup>®</sup> ID: Delegates

**1. Send an email to:**

[ONEIDBusinessSupport@ehealthontario.on.ca](mailto:ONEIDBusinessSupport@ehealthontario.on.ca)

Any problems with your ONE<sup>®</sup> ID? Send an email to: [ONEIDBusinessSupport@ehealthontario.on.ca](mailto:ONEIDBusinessSupport@ehealthontario.on.ca)

# How to add a Delegate: Physicians



[How to assign a ONEID Delegate video](#)

# How to Access Your SAR

Obtain ONE® ID Username  
and Password

Go to the  
[SAR webpage](#)

Click:

Access your SAR >

Choose:



And login with credentials

# Frequently Asked Questions

## Where does the data come from?

- Patients' enrolment status; Cancer Care Ontario's organized screening programs (OBSP, OCSP, CCC); OHIP billing codes; Ontario Cancer Registry

## Can I change a status, or remove a patient from my SAR?

- It is *not possible* for a physician to manually change a status in the SAR. The status will only change when new information is received (i.e. OHIP codes)

## How can I track my non-rostered patients' results?

- **OBSP**: contact your local OBSP site; **OCSP**: Cytobase; **CCC**: no database (*SAR is an available tool to track these patients*)

# Frequently Asked Questions

## Will the SAR show me screens that I didn't do myself?

- **Yes!** If a patient has an OBSP mammogram, an out-patient pap test, a CCC FIT or colonoscopy, screens will be populated in your SAR (*ie. female students who go away for post-secondary education and have a pap test, the result will be appear in your SAR*).

## Do the SAR and EMR digitally interface?

- No, not yet. The SAR is a stand-alone tool

## Why does the SAR show some patients due for a Pap or unknown status when they have had a hysterectomy or colposcopy?

- The SAR uses billing codes for hysterectomies so if the billing code wasn't accurate or if the surgery was done many years ago, the SAR may not be aware of the hysterectomy. Hospital-based colposcopy data also may not show up on the SAR

- Live Demo – Excel
- [In-depth SAR Usage Guide](#)

# Primary Care Providers Cancer Screening Blog

- Available [here](#)
- Health care provider resource regularly updated by Dr. Meghan Davis, Regional Primary Care Lead for HNHB region (Hamilton, Burlington, Niagara, Brant, Haldimand and Norfolk)
- Resources include referral forms, presentations, screening promotional materials, screening guidelines and blog posts



About

Breast  
Screening

Cervical  
Screening

Colon Cancer  
Screening

Mobile Cancer  
Screening Coach

Tobacco  
Cessation

Indigenous  
Health

News

Contact

Info for Health  
Care Providers

# Primary Care Providers Blog

## A teaching tool for the Screening Activity Report

Jan  
23,2023



Are you curious about using the Screening Activity Report (SAR) in your practice? One of the challenges of learning how to use the Screening Activity Report (SAR) is that all [...]

[Read More...](#)

## Cancer screening reduces the environmental emissions of health care

Dec  
01,2022



Cancer screening improves health through disease prevention/early detection and less intensive treatments. This also combats climate change by decreasing the intensity of care required and therefore reduces the carbon footprint [...]

[Read More...](#)

[Information for Health Care Providers](#)

[Primary Care Providers Blog](#)

[Breast Cancer Screening & Diagnosis](#)

[Cervical Screening & Diagnosis](#)

[Colorectal Cancer Screening & Diagnosis](#)

[Lung Diagnostic Assessment Program Referrals](#)

[Cancer Screening Practice Tools](#)

[Cancer Screening Promotion Resources](#)

[Continuing Education Opportunities](#)

# Physician-Linked Correspondence

- Personalized cancer screening letters including the name of the person's physician to remind enrolled patients to get screened
- Available to all PEM physicians in the province for colorectal cancer screening; may be expanded to include breast cancer screening and cervical screening in the future
- Results of a 2 phase pilot study conducted by the ColonCancerCheck program demonstrated that this is an effective way to motivate eligible patients to get screened

# Physician-Linked Correspondence

- Benefits:
  - Supports better patient care
  - Increase chances of early detection when easier to treat; e.g. when colorectal cancer is detected early, the likelihood of curing someone is 90%, but this likelihood decreases to 12% if colorectal cancer is detected at a later stage
  - Saves the cost and time your practice spends calling or sending letters to patients

# Physician-Linked Correspondence

- How to Enroll:
  - Physicians must provide consent to enroll
  - Fill out the [consent form](#) and submit to CCO by fax, email or mail
  - Must provide consent for all 3 cancer screening programs at once. Physicians will automatically be enrolled when physician-linked correspondence expands to the Ontario Breast Screening Program (OBSP) and the Ontario Cervical Screening Program (OCSP)
    - Can withdraw from physician-linked correspondence for one or more screening programs at any time

Colon Cancer Check

November 17, 2015

JANE SAMPLE  
123 ANY STREET  
ANY CITY, ON M1M 1M1

Screen for Life

Cancer screening sees what you can't

- Breast
- Cervical
- Colorectal

Dear JANE SAMPLE:

We are writing on behalf of Dr. <FIRSTNAME> <LASTNAME> to invite you to get checked for colon (bowel) cancer.

Colon cancer is the second leading cause of cancer deaths in Ontario. **After age 50, your risk of getting this disease goes up.** The good news is that you can take steps to protect your health by doing an easy test called the fecal occult blood test (FOBT).

The FOBT is a safe and painless cancer screening test that checks your stool (poop) for tiny drops of blood, which can be caused by colon cancer. You can do the test in the comfort and privacy of your own home, and it only takes a few minutes a day on three different days to complete. **Please see the back of this page to find out how to get checked with the FOBT.**

If colon cancer is caught early, 9 out of every 10 people with the disease can be cured. In its later stages, colon cancer can be treated, but beating it is less likely. If you do not get tested, you may miss out on the chance for early and more effective treatment.

Taking a few minutes to do the FOBT now could give you many more years with your friends and family. **Get checked today.**

Sincerely,



Dr. Linda Rabeneck  
Vice-President, Prevention and Cancer Control  
Cancer Care Ontario

*"Doing the FOBT was easy  
and I knew within a few  
weeks that my result was  
normal. I am thankful for  
the peace of mind!"  
-Terry K., Guelph*

Please note: if you are unsure why you received this letter, speak with your doctor.



Dear JANE SAMPLE:

We are writing on behalf of Dr. <FIRSTNAME> <LASTNAME> to invite you to get checked for colon (bowel) cancer.

Sincerely,



Dr. Linda Rabeneck  
Vice-President, Prevention and Cancer Control  
Cancer Care Ontario

Please note: if you are unsure why you received this letter, speak with your doctor.



# Individualized Cancer Screening Dashboard

- Summary of cancer screening performance
- Available to all primary care providers in PEM practice

# Individualized Dashboard Indicators

- Screening rates for breast, cervix and colorectal screening compared to your group, region, and province
- How many patients may not have had their colonoscopy after a positive FIT test
- [Physician-linked correspondence](#) registration
- [ONE<sup>®</sup>ID](#) registration
- Accessed [screening activity report](#) (SAR), assigned a delegate, and/or viewed SAR within the last six months

# CANCER SCREENING DASHBOARD

INDIVIDUAL/ CITY/ GROUP – DATE

This dashboard is a cancer screening summary for physicians of \_\_\_\_\_. Its purpose is to display how these physicians are performing compared to our Region and Province.

## AT A GLANCE...

**Individual/ City/ Group :**

**Total # Physicians: ###**



All rates/ statistics are lower than the Region.

At least one rate/ statistic is lower than the Region

All rates/ statistics are higher than or equal to the Region.

Indicator	Physician Linked Correspondence	CCC Patient Attachment	Signed up for ONE® ID	Has a SAR delegate	Viewed SAR in 6 months
# of Physicians (n (%))	N (%)	N (%)	N (%)	N (%)	N (%)

## SUMMARY REPORT

### BREAST SCREENING RATES

Total # Eligible Patients: #

City	HNHB Region	Ontario
%	%	%

### CERVICAL SCREENING RATES

Total # Eligible Patients: #

City	HNHB Region	Ontario
%	%	%

### COLORECTAL SCREENING RATES

Total # Eligible Patients: #

City	HNHB Region	Ontario
Up to date: % FIT rate: % # +FITs w no F/U: #	Up to date: % FIT rate: % # +FITs w no F/U: #	Up to date: % FIT rate: N/A # +FITs w no F/U: #



Source: Regional Primary Care Level Report (as of DATE); \*screening rates by modality includes both average- and high-risk patients. Denominator of rates is total number of patients screened with any test.  
Contact: Britney Edmonds, Regional Cancer Program Data Analyst, edmondsb@hhsc.ca

# Individualized Cancer Screening Dashboard

- How to sign up:
  - Send requests to Dr. Meghan Davis, via email at [dr.meghan.davis@gmail.com](mailto:dr.meghan.davis@gmail.com)
  - Please include the email of the physician in your request along with their CPSO number and office address
- Dashboards can only be provided to physician to protect privacy
- For groups with 5+ physicians, data can be aggregated and shared to a non-physician requestor (e.g. admin or nurse) from the group

# MyPractice Report

- Personalized reports from Health Quality Ontario using existing administrative health databases to give physicians data about their practice, and share change ideas to help drive quality improvement
- Individual physician level reports and FHT level
- View performance data over time for cancer screening, opioid prescribing, antibiotic prescribing, diabetes management, and health service utilization
- Suggested quality improvement ideas for each indicator
- Sign up and sample reports [here](#)

# MyPractice Report

Overall Indicators Summary

Data as of March 31, 2022

	My Prescribing Rate is Higher Than Most of My Peers (higher than 60% of my peers)	My Prescribing Rate is Around Average (between 25th - 60th percentile)	My Prescribing Rate is Better Than Most of My Peers (lower than 75% of my peers)
<b>Antibiotic Prescribing</b> (pages 5-8)	Antibiotic Prolonged Treatment	Antibiotic Initiation	None

NEW

	My Priority Indicators for Review (below 40th percentile)	My Indicators Around Average (between 40th - 75th percentile)	My Indicators Above Average (above 75th percentile)
<b>Cancer Screening</b> (pages 15-19)	None	Mammogram testing	Pap smear testing Any Colorectal screening
<b>Diabetes Management</b> (pages 20-24)	None	HbA1c testing	Retinal Exam testing

\*Percentiles are based on physicians registered for the MyPractice: Primary Care report

<b>Opioids Dispensed to Your Patients</b> (pages 9-14)	# Patients Dispensed an Opioid	# Patients Newly Dispensed an Opioid	# Patients Dispensed an Opioid and Benzodiazepine	# Patients With a High-Dose Opioid >90 mg MEQ Daily
	89	55	13	9

## Whom am I caring for?

Number of Patients

**1,435**

Age (mean)

**44.9**

Percent Male

**45.8%**

Percent Rural

†

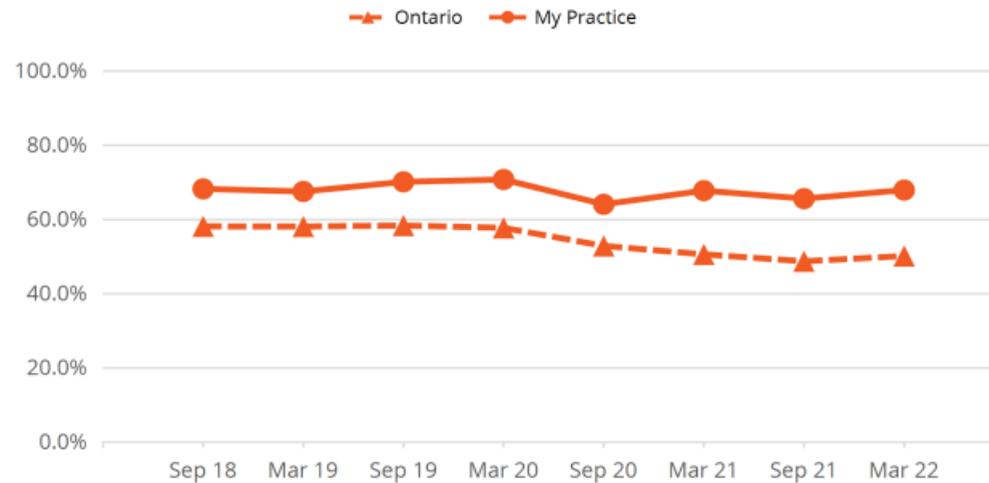
† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available;

## Pap Smear Screening

Data as of March 31, 2022

### What percentage of my eligible patients aged 23-69 are up-to-date with Pap smear screening within the past three years?

- As of March 31, 2022, 68.0% of my patients had an up-to-date Pap smear test. My group and LHIN percentages are 54.8% and 53.8%, respectively.
- My practice is **higher than** the provincial percentage of 50.3%.



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; † Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

Patients who have had cervical cancer, endometrial or ovarian cancer, and patients who have had a hysterectomy are excluded.

Number of my eligible patients not screened within the past three years

143

Evidence for cancer screening continues to evolve. We will continue to monitor screening guidelines and modify the indicator, as appropriate (10).

Tests performed in hospital laboratories or paid through alternative payment plans are not captured.

How can my I improve my Pap smear screening? (page 18)

Identify your patients requiring follow up for cancer screening, through Ontario Health's screening activity report (SAR)

[SAR Report Portal](#)

# MainPro+ Self-Practice Audits

- Self-Practice Audits are a method of earning MainPro+ credits
- Each audit is worth 6 MainPro+ credits for possible total of 18 if done for all 3 cancer screening pathways
- Review practice to find strengths and opportunities to improve workflows for opportunistic and population-based (proactive) screening pathways
- Sample templates for [breast](#), [cervical](#), and [colorectal](#) cancer screening available to assist with audit submission as well as [facilitation tool](#) to guide through the process

## Cancer Screening Office Workflow Checklist: For Facilitators

- Office Cancer Screening Champion(s) name(s):

---

---

### SAR Functionality Reviewed:

- One® ID physician and delegate
- Download to Excel (check if have Excel)
- List: Patients with +FOBT result and no colonoscopy
- List: Overdue patients by screening program
- List: most recent screens to update EMR
- List: Patients identified as “triple reds”
- Review limitations of SAR and meaning of colours

### Resources:

- Fax in Physician Linked Correspondence:

<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCOPhysicianCorrespondence.pdf>

- Fax in physician accepting +FOBT unattached patients (billing codes)

<https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCCProviderRegistrationForm.pdf>

- Follow Dr. Davis' Cancer Screening blog

<http://hnhbscreenforlife.ca/information-for-health-care-providers/blog/>

### Collaboration:

- Contact your Regional Primary Care Lead to help with in office review

**OPPORTUNISTIC SCREENING PATHWAY:**

Where in the EMR can you tell if the patient is due for screening?

Which team members will use the EMR to identify patients due for screening when they are in the office?

Who schedules the pap?

Who performs the pap?

Who requests, books, or suggests mammograms?

Who distributes/educates re: FOBT?

Who books colonoscopies?

Do you want to remind patients to complete the FOBT 2 weeks after kit distribution? Who will do this?

**POPULATION-BASED SCREENING PATHWAY:**

How often is a population health list generated? Who creates the list?

How do you create the list (Suggested sources: SAR, EMR)?

How and when do clinicians review the list?

What method will the team use to contact patients (Suggested methods: mail, phone call, email, text)?

Will patients be mailed FOBT kit? Who will be responsible for this?

Will screening requests be documented in the patient chart? By whom?

# Enter CPD Activity Details

name

Current Cycle:

## Submission Instructions

- Log into <http://www.cfpc.ca/Home/>
- Navigate to My MainPro
- Navigate to enter CPD Activity
- Category: Assessment
- Certified

- Activity Type: Practice Audit/Quality Assurance
- Cut and paste your audit information onto the form and submit online.
- Repeat for all three screening modalities.

## START OVER

\* Indicates Required Field/Question

Once you have completed the form in its entirety, click "SUBMIT". You can save the information you have entered on this form at any time by scrolling to the bottom of the page and clicking on "SEND TO HOLDING AREA". The editable, saved form will be accessible from your Holding Area and will require further action.

Category :

Certification Type:\*  Certified  Non-Certified

**Step 1: Formulate your practice question(s)**

What was the origin of, or reason of, the audit/program?  
\*

- Screening reduces mortality and morbidity from cervical cancer, and in some cases incidence.
- In 2015, there were an estimated 150 deaths from cervical cancer. Although this is a low number, this disease should be entirely preventable with HPV vaccinations and Pap tests.
- Screening effectiveness is based on multiple screenings over time. CCO currently recommends Pap tests for women between the age of 21 and 69 every three years.
- Screening for cervical cancer has been identified as a Grade A recommendation for the Canadian Task Force on the Periodic Health Examination. The MOH's Quality Improvement Plan for 2015/2016 includes cervix cancer screening as one of its technical indicators.
- An office-based protocol will increase screening participation and will sustain its usefulness.

For the purpose of this exercise, what specific questions and/or learning objective did you formulate for your own practice? \*

During my Audit I considered the following questions  
Q1. Do I use my EMR optimally for cervix cancer screening so each patient's inclusion and exclusions are accurate?  
Q2. What is my plan to update the accuracy of my EMR once I decide where each piece of data should be entered? How will I keep it up to date?  
Q3. Who suggests and does pap tests in my office when patients come in?  
Q4. Do I want to do regular audits to find overdue patients? Who will do this? Do I know how to use my EMR to find these names or will I use the SAR? How often? How will I reach out to patients?  
Q5. What is my current cervix screening rate and do I know how to calculate this?  
Q6. What tools exist that I can use to improve my cervix cancer screening rates?  
Q7. Who will champion cervix cancer screening in my office?

**Step 2 Describe the audit**

Briefly describe the audit/program. How were the criteria, standards, and/or interventions selected?

Q1. Consistent EMR usage is key for cervix cancer screening. I reviewed the screening guidelines -pap tests every 3 years, follow up intervals (q 3 years for low risk, q6 months follow up of low grade changes and q1-3 years post colposcopy discharge depending on HPV status). I reviewed the risk of over screening (underage or too frequent). I reviewed how and when to do HPV testing and its costs.

<b>Step 3: Consider the information</b>	
What kind of information and/or evidence was used to support the interventions and how was it obtained? *	<ul style="list-style-type: none"> <li>• Cervical cancer screening via Pap tests has a sensitivity of 44-78% and a specificity of 91-96%. In a screening program, there is repeated testing over time. Therefore, a single test's sensitivity may be low, but with repeated program testing, it will increase.</li> </ul>
What was your assessment of the quality of this information? Describe its validity (ie, is it based on appropriate scientific evidence?) and relevance (ie, is it applicable to the practice being assessed?). What approach or tools did you use to come to these conclusions? *	<ul style="list-style-type: none"> <li>• Family doctors play a key role in identifying appropriate patients for cervix cancer screening, providing education for informed choice, and following up on any abnormal results. Thus, this project is <u>absolutely relevant</u> for primary care.</li> <li>• It is important to consider both benefits and harms of any interventions. Harms can <u>include</u>: Anxiety about the test, false-positive results, psychological harm, labelling due to negative association with disease, unnecessary follow-up tests, false-negative results, delayed treatment, over-diagnosis and over-treatment.</li> </ul>
<b>Step 4: <u>Make a decision about your practice</u></b>	
Based on what you learned, what decisions have you made about your practice? *	From this audit we have developed our own homegrown cancer-screening protocol for cervix cancer screening for my office that is sustainable over time. We have leveraged the resources available to us and optimized our EMR use.
What must you do to integrate these decisions into your practice? What kinds of barriers or difficulties do you foresee? *	The barrier is <u>always</u> time, as our attention is divided between fighting the daily fires of patient demand and balancing this with a preventative focus. Having the three sets of 'eyes' on screening helps. The admin reminds the patient, the nurse discusses it and then I also discuss it. Even then, when a patient is in the office, screening can be forgotten when other more concerning issues take precedence or when we get behind.
<b>Step 5: Evaluate/Reflect on the impact of your decision</b>	

# Cancer Screening EMR Optimization Guides

- Recommended best practices for using built in cancer screening tools as well as data standardization tips for [Telus PS](#), [OSCAR](#), [Accuro](#), [P&P CIS](#)
- While SAR is helpful, EMR should be used as “source of truth” to know:
  - Who is high risk
  - Who is excluded for screening
  - What the last test showed and;
  - Who might be palliative so screening is inappropriate

# EMR Accuracy – Screening data +

## High Risk

- Breast: chest radiation, BRACA, Family Hx, High risk OBSP
- Cervical : HPV Status, Dysplasia Hx
- Colorectal: IBD, +FH, adenomas on previous scopes

## Excluded

- Breast: Bilateral mastectomy, breast cancer, High risk MRI program
- Bowel: total colectomy, c-scope, flex sig, bowel cancer
- Cervix: TAH, not sexually active, cervix cancer, in colposcopy
- Use Q codes to make searchable
  - Q131 No Mammogram needed
  - Q140 No Pap test needed
  - Q142 No FOBT needed

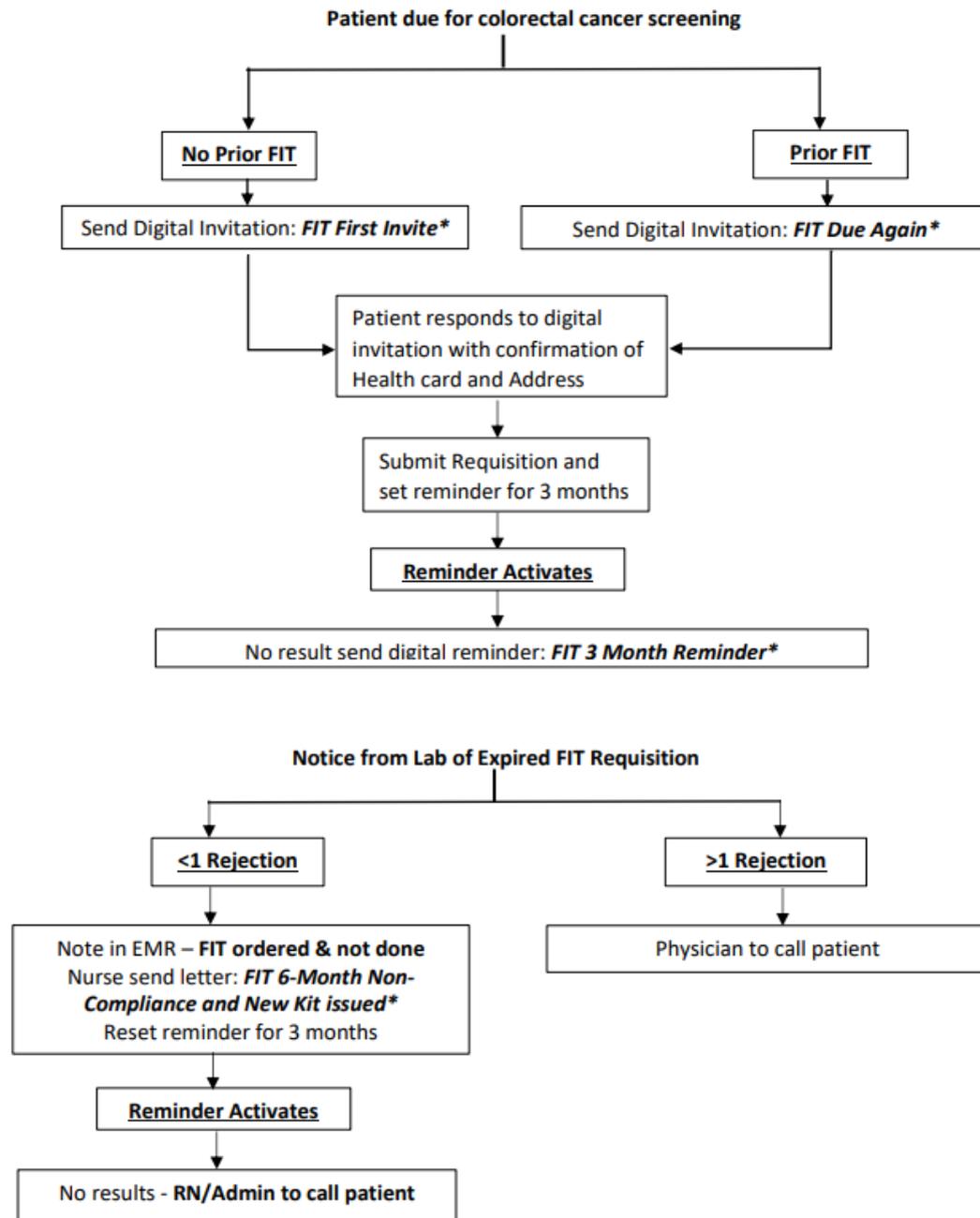
# Cancer Screening EMR Optimization Guides

- Developed in collaboration with Dr. Meghan Davis, OntarioMD, and Hamilton Family Health Team
- For support, contact the OntarioMD EMR Practice Enhancement Program (EPEP) at:  
[epep@ontariomd.com](mailto:epep@ontariomd.com) or 1-866-744-8668

# Digital Communication Pathway and Communication Templates for FIT

- To address FIT requisitions rejected after submission to LifeLabs or expired requisitions at 6 months without a FIT being completed, patient reminders may be needed (e.g. email or secure messaging)
- eForms available for Ocean (search “FIT” in the eForm library) or communication templates can be copied
- All resources can be found [here](#)

## Colorectal Cancer Screening FIT Digital Pathway



## **FIT First Invite**

You are now eligible for colon cancer screening with a fecal immunochemical test (FIT).

### **What is a Fit?**

FIT- is a simple and painless test that can be done in the comfort of your own home (more specifically, the bathroom). The FIT checks your stool (poop) for invisible traces of blood, which can be caused by many things. The most concerning would be colon cancer or abnormal polyps that can turn to cancer.

### **When should I start screening?**

For most people, it is recommended to start screening for colon cancer at age 50.

- Please notify us if you have a first degree relative, such as a parent or a sibling, with a history of colon cancer. This may put you at increased risk, and as a result you may need a different test.

### **How does this test work?**

We would like to send you the test kit in the mail. The kit has everything you need to collect your stool sample from the toilet. These kits are only good for 6 months, so do the test as soon as possible. Once done, you must return the kit for processing within 2 days.

You can either:

- Send the kit back in the mail in the provided prepaid envelope OR
- Drop it off at your local LifeLabs

### **What do I do now?**

If the results are positive, it does not necessarily mean you have colon cancer, but we will recommend a colonoscopy. If the results are normal, then we recommend you repeat the FIT every 2 years until the age of 74.

If you are interested in receiving a FIT kit, please confirm your health card number and mailing address below.

Health Card number

Health Card version code

Mailing Address

### **FIT Due Again**

You are now eligible for repeat colorectal cancer screening with a fecal immunochemical test (FIT)

#### **How often do I need to be screened?**

It is recommended you complete a FIT every 2 years until the age of 74. Our records show it has been over 2 years since your last FIT.

- Please notify us if you have a first degree relative, such as a parent or a sibling who has been diagnosed with colon cancer since your last FIT. This may put you at increased risk and as a result you may need a different test.

#### **How does the test work?**

We would like to send you the test kit in the mail. The kit has everything you need to collect your stool sample from the toilet. These kits are only good for 6 months, so please do the test as soon as possible. Once done, you must return the kit for processing within 2 days.

You can either.

- Send the kit back in the mail in the provided postage paid envelope OR
- Drop it off at your local LifeLabs.

#### **What does the test show?**

If the results are positive, it does not necessarily mean you have colon cancer, but we will recommend a colonoscopy. If the results are normal, then we recommend you repeat the FIT every 2 years until the age of 74.

#### **What do I do now?**

If you are interested in receiving a FIT kit, please confirm your health card number and mailing address below.

Health Card number

Health Card version code

Mailing Address

If you have any questions, please do not hesitate to contact us.

### **FIT 3 Month Reminder**

A few months ago, we had a fecal immunochemical test (FIT) sent to your home. The FIT is a screening test for colon cancer.

As a reminder, the kit is only good for 6 months, which means you only have a few months before it expires. So, what better time to complete the test than the next time you have to go?

Once you have completed your sample, you must return the kit for processing within 2 days.

You can either:

- Send the kit back in the mail in the provided prepaid envelope OR
- Drop it off at your local LifeLabs

Please prove us with an update:

- I have completed the FIT test and am awaiting results
- I have the kit and will complete it this month
- I need a new kit as I have misplaced mine
- I no longer wish to complete the FIT test

If you have any questions, please don't hesitate to contact us.

### **FIT 6-Month Non-Compliance and New Kit issued**

Six Months ago we had a fecal immunochemical test (FIT) sent to your home. The FIT is a screening test for colon cancer.

The kit is only good for six months, which means it has now expired and cannot be used.

We want to send you a NEW kit. Please proceed to the following screen to confirm your health card and mailing address.

Please confirm your health card number and mailing address below.

Health Card number

Health Card version code

Mailing Address

Reminder information about the FIT is below:

#### **What is a Fit?**

FIT- is a simple and painless test that can be done in the comfort of your own home (more specifically, the bathroom). The FIT checks your stool (poop) for invisible traces of blood, which can be caused by many things. The most concerning would be colon cancer or abnormal polyps that can turn to cancer.

#### **When should I start screening?**

For most people, it is recommended to start screening for colon cancer at age 50.

- Please notify us if you have a first degree relative, such as a parent or a sibling, with a history of colon cancer. This may put you at increased risk, and as a result you may need a different test.

#### **How does this test work?**

We would like to send you the test kit in the mail. The kit has everything you need to collect your stool sample from the toilet. These kits are only good for 6 months, so do the test as soon as possible. Once done, you must return the kit for processing within 2 days.

You can either:

- Send the kit back in the mail in the provided prepaid envelope OR
- Drop it off at your local LifeLabs

# PATIENT EDUCATION RESOURCES



- Online risk assessment tool for breast, cervical, colorectal, lung, melanoma and kidney cancers
- Takes 3–5 minutes and will:
  - Educate patients about cancer, cancer screening, and their cancer risk and protective factors
  - Engage and motivate patients to make healthy behaviour changes

# Health Promotion Resources

- Available [here](#)
- Resources include posters, infographics, and a series of [short videos](#) (<2 min) that can be played on TVs in waiting rooms to help increase patients' participation in cancer screening

# Questions?

