Practice Audit and Quality Assurance Program - Cervical Cancer Screening

MainPro+ Credit Information:
- 6 MainPro+ for each entry
- Enter for each Cancer Screening Program Breast, Colorectal, Cervical for 18 MainPro+

Submission Process:
1. Go to www.cfpc.ca
2. Click on “Login” at the top right of the page
3. Click on “Enter a CPD Activity” under your name (green button)
4. Click on “Assessment”
5. Click on “Certified”
6. Click on “Practice Audit”
7. Fill out the form using the information below as a guide and click on “Submit”

The sections below are taken from the online form itself. Sample responses are provided for your convenience (in italics).

Describe the nature of the practice to which this audit/program applies. State whether it is our own practice or that of others. *

This is a family practice providing comprehensive care to patients of all ages and genders.
I did a practice audit to improve my cervical cancer screening.

Who was involved? Pick from the following:
- Myself
- Administration
- Nursing
- Allied healthcare professionals
- Practice facilitator from the FHT
- Regional Cancer Program (Dr. Davis)
- Cancer Care Ontario (Screening Activity Report)

What was my role?
- Identify cervical cancer screening as one of my key services.
- Provide support so staff are up to date on new program developments/guidelines.
- Run staff meetings to design a sustainable (i.e. works with EMR, office protocols, etc.), evidence-based process to screen our patients for cancer.
- ## hours put into audit (i.e., review of literature and findings, emails, meetings, ~ 3 hrs.)
**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.

**Step 2: Describe the audit/program.**

Briefly describe the audit/program. How were the criteria, standards, and/or interventions selected? How were the records selected? How was the data collected, recorded, and analyzed? *

**Questions to consider:**

- My current cervical cancer screening rates?
- Is my team educated on cervical cancer screening protocols? Are they handy? Are they aware of the recent change to screen every 3 years starting at age 21?
- Do I use my EMR optimally for screening? Have we watched the training videos?
- How do we opportunistically screen patients who are here for other concerns? Am I willing to do a Pap test for these patients? Is this even possible in my office? Can someone in my office help prep patients before the pap?
- Do I have an overdue reminder system where I call or send letters to patients?
- Am I aware of patient education signage or informed choice information websites?
- Do I access the Screening Activity Report (SAR)? Have I identified a delegate to use this for me? Can I use the SAR to sync digitally with my EMR to update my EMR?
- Does my SAR show any patients who have screened positive for cervical cancer and not had follow-up testing?
- Does my office have a screening champion?
- Have I signed up for Physician Linked Correspondence?
- Do we recommend MyCancerIQ to patients?
- How do I track data and calculate bonuses?
- How do I use the MOH preventative target list?
Briefly describe the findings of the audit/program.

- My current cervical cancer screening rates are XXX%.
  - I have optimized my EMR usage for both opportunistic point of care screening and reminder calls or letters. This involved standardizing my data and discipline with input (see blog post: Cancer Screening in a busy family practice – EMR optimization [http://www.hnhbscreenforlife.ca/cancer-screening-busy-family-practice-emr-optimization/]) and CCO E-Learning module (https://elearning.cancercare.on.ca/).
  - I have a documented cancer screening workflow plan. (see blog post: Improving your Cancer Screening Workflow [http://www.hnhbscreenforlife.ca/improving-cancer-screening-workflow/] and CCO E-Learning module (https://elearning.cancercare.on.ca/)).

- I am now using the following new procedures and tools in my office to improve my cervical cancer screening rates:
  - One of my staff regularly accesses the SAR and uses it to update my EMR. See CCO E-Learning module: https://elearning.cancercare.on.ca/
  - Staff education and increased awareness on cervical screening guidelines: cancercare.on.ca/pcs/screening/cervscreening
  - Screening guideline app: cancercare.on.ca/applibrary
  - MyCancerIQ website: mycanceriq.ca
  - 2-min video for healthcare providers: youtube.com/watch?v=yKmeNolPiFY
  - Waiting room poster or video: cancercare.on.ca/hcpassets
  - I have signed up for Physician Linked Correspondence so the invitation letters from CCO to get screened for cervical cancer will include my name in the future. Open form here: cancercare.on.ca/common/pages/UserFile.aspx?fileId=349928
  - We have identified an office-screening champion.

**Step 3: Consider the information**

What kind of information and/or evidence was used to support the interventions and how was it obtained?

- 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.
- Effectiveness is shown through RCT, however Pap tests have been around so long it would be unethical to do a study. Observation studies show that with Pap testing, cervical cancer incidence and mortality is reduced by up to ~80% with regular screening in a non-immunized population.
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 this conclusions? *

| • Family doctors play a key role in identifying appropriate patients for cervical cancer screening, provide education for informed choice, and follow up on any abnormal results. Thus, this project is absolutely relevant for primary care. |
| • It is important to consider both benefits and harms of any interventions. |
| • Harms can include: 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. |

**Step 4: Make a decision about your practice**

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 cervical 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 **always** time, as our attention is divided between fighting the daily fires of patient demand and balancing this with a preventative focus. |
Step 5: Evaluate/Reflect on the impact of your decision

Please describe your reflections on the impact this process has had on your practice and/or work. Consider questions such as:

- What impact has this process had on your practice generally?
- How do you feel now about the decision(s) you made?
- How successful have you been in implementing them into your practice? What kinds of barriers have you confronted?
- What are you doing now that you didn’t do before? What has happened to your confidence in this area?
- What kind of feedback have you received from your patients, staff, or colleagues?
- What new information have you seen? How has this further modified your approach? What further changes do you intend to make?
- What further areas of practice change, reassessment, and/or intervention have you identified? What plans do you have to address these?

- Cervical cancer screening is an office-based protocol that I would like to embed in my office procedures so it does not get lost in day-to-day patient care.
- I will be able to measure the impact of this in a year when I recalculate my screening rates.
- The barrier is always time and attention.
- There are only so many initiatives one can take since primary care involves all aspects of health at all ages. Whatever we focus on, we do better at, but if we try to focus on everything, we get burnt out and end up not accomplishing anything.
- It is really important when integrating new ideas into my practice that they be sustainable. Having team support for new ideas helps make them sustainable. Having the solution home grown in my office that respects our strengths and processes also makes sustainably more likely. Having some outside help from the Regional Cancer Program and Family Health Team helped keep energy of the project moving forward. It is always nice to get some help!
- Whenever the staff rally, meet and feel heard it is always good for office morale.
- I don’t intend to try to do more. This is enough for now and is sustainable. I will be interested in how my cervical cancer screening rates change.