

Presenter disclosure

- Presenters: Tara Kiran
- Relationships with commercial interests:
 - Grants/Research support: None
 - Speakers bureau/honoraria: None
 - Consulting fees: None
 - Other: None

Presenter disclosure

- Presenters: Sam Davie
- Relationships with commercial interests:
 - Grants/Research support: None
 - Speakers bureau/honoraria: None
 - Consulting fees: None
 - Other: None

Presenter disclosure

- Presenters: Lisa Miller
- Relationships with commercial interests:
 - Grants/Research support: None
 - Speakers bureau/honoraria: None
 - Consulting fees: None
 - Other: None

Disclosure of commercial support

- This program has received no financial or in-kind commercial support
- There are no other potential commercial conflict(s) of interest



Mitigating potential bias

N/a



Learn how to...

- Access the Cancer Care Ontario Screening Activity Report
- Merge it with your EMR data
- Use patient postal codes to understand equity
- Use the data to measure and drive improvement

St. Michael's Hospital Academic FHT





Our challenge: measuring screening rates

Screen for Life Cancer screening sees what you can't





Screening for breast, cervical and colorectal cancer saves lives. Cancer screening detects pre-cancerous changes, or cancer at an early stage when there is a better chance of treating it successfully. Screening is for individuals who do not have any cancer symptoms.

Breast

Regular breast cancer screening can find cancer when it is small and there is a better chance of treating it successfully.

Cervical

Cervical cancer is almost entirely preventable with regular screening, appropriate and timely follow-up of abnormal Pap test results and HPV immunization.

Colorectal

When colorectal cancer is caught early through screening, a person with colorectal cancer has a 90% change of being cured.

more about breast screening

more about cervical screening

more about colorectal screening

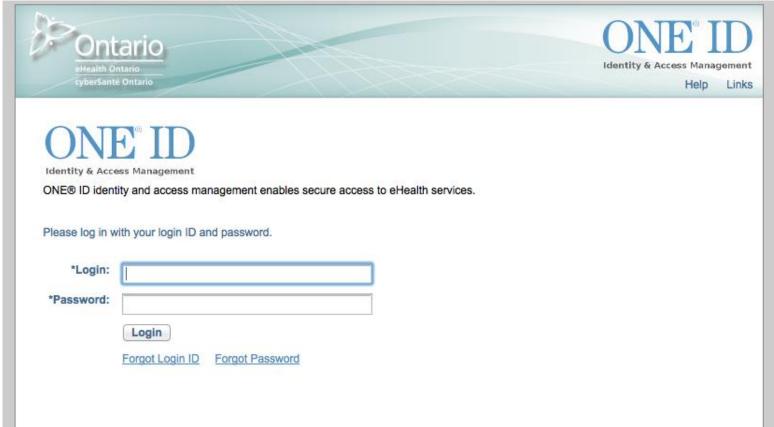


What is the CCO SAR?

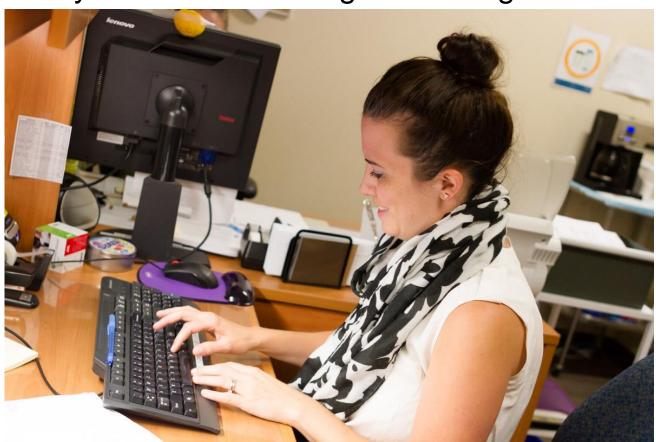
Enrolled Patients Screening Summary as of 31-Mar-2014 Physician: CPSO: Patient Information Cervical Breast Colorectal Send Letter? Send Letter? Send Letter? Date of Birth Eligible Eligible Eligible Status Surname Given Name HIN Age Sex Status Status (Y/N) (Y/N) (Y/N) 38 Ν Normal Ν N N N Ν Normal 27 Ν Ν Υ Normal N Ν Ν 37 N Υ Ν Ν Ν Normal Ν 66 Υ Ν Υ N Υ Normal Normal Review Ν Ν Ν Υ Ν Ν Ν Normal 39 Ν Ν Υ N Ν Ν F Normal 48 Ν Ν Υ Normal Ν Ν N 25 F Ν Ν Υ Action Ν Ν Х Ν Excluded Ν Action Ν Normal



STEP 1: Help physicians get a OneID account

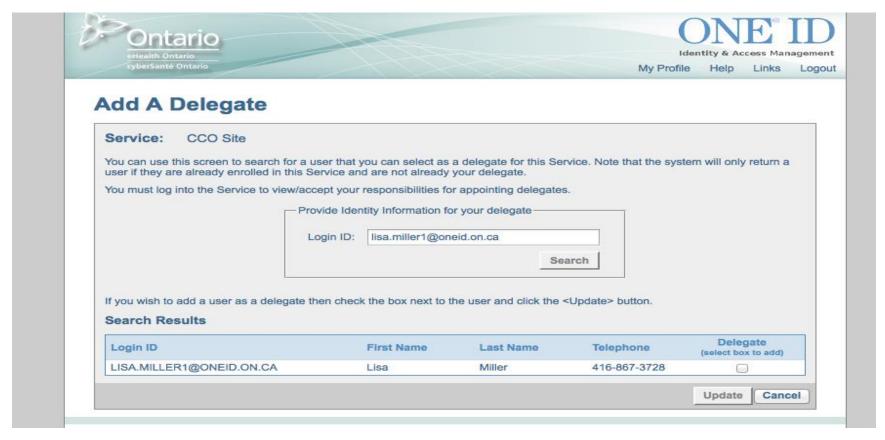


Train your own Local Registration Agent!





STEP 2: Help physicians appoint you as a delegate

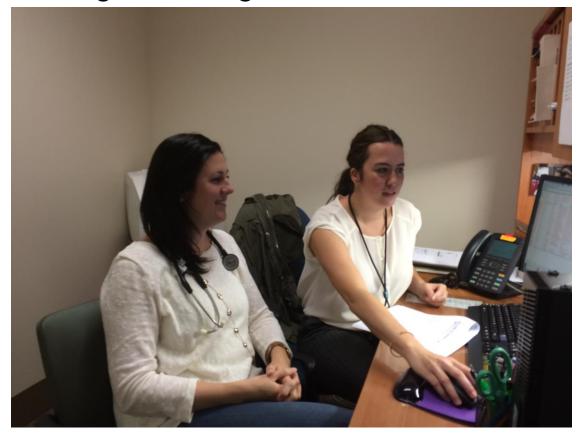


STEP 2: Help physicians appoint you as a delegate



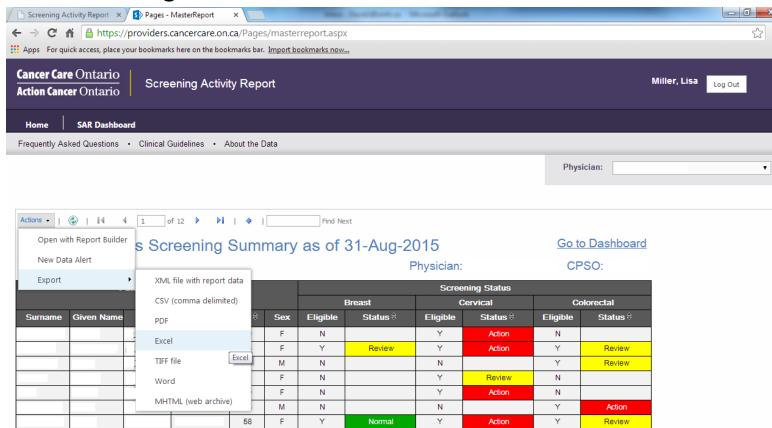


STEP 3: Integrate delegation into new MD orientation





STEP 4: Sign in and download CCO SARs



How accurate is the data in the CCO SAR?

We found that...

Breast Cancer



Colorectal Cancer



Cervical Cancer



How do I supplement CCO SAR cervical data?

Develop search for pap tests in the EMR



Search for <u>unique identifier</u> (i.e. OHIP #)

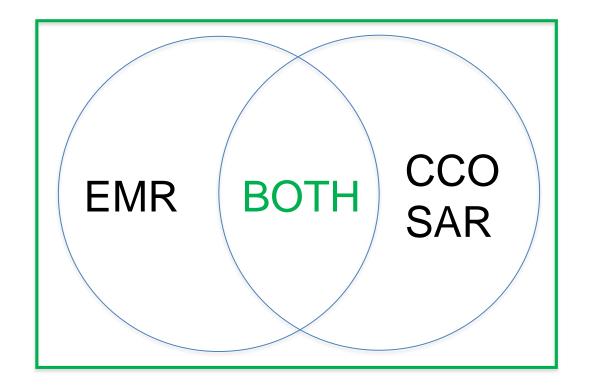


How do I merge data?

Use software to merge based on <u>unique identifier</u>

	Pap Test in CCO SAR?		
Pap Test in EMR?	No	Yes	
No	3891 (30%)	1069 (8%)	
Yes	4118 (31%)	4077 (31%)	

What do I need to know who's been screened?





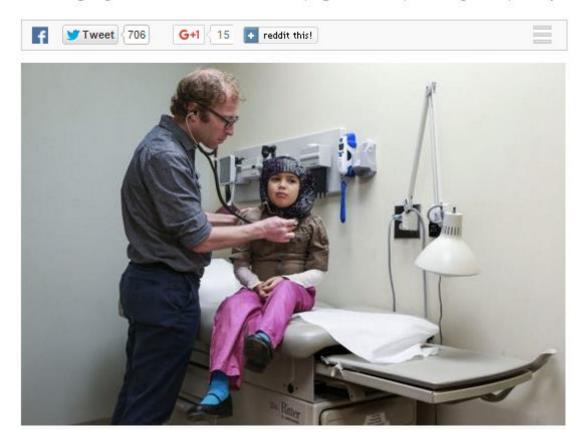
Question

Do you analyze your QI measures with an equity lens? This could include:

- Gender
- Income
- Immigration
- Ethnicity
- Many others...

St. Michael's Hospital health team offers prescription for poverty

Recognizing that poverty increases the risk of illness, a pioneering program at St. Mike's is offering its patients access to social workers, legal aid — and, most important, money.



Measuring poverty can be challenging

- Ask patients
 - Income and # of people it supports
 - "do you ever have difficulty meeting ends meet at the end of the month?
 - Whether receiving OW or ODSP
- Use a proxy
 - Neighbourhood income quintile

How do I look into equity in cancer screening?

- Run EMR search for postal code
 - Get <u>unique identifier</u>
- Obtain Postal Code Conversion File
 - Matches postal codes to neighbourhood income quintile



What does the final dataset look like?

OHIP#	CCO SAR Data	EMR Data	EMR Postal Code	Income Quintile
1234567	-Eligibility -Date of latest test -Result of test	-Date of latest pap test	A1B 2C3	3

Our QI intervention

St.Michael's

Inspired Care. Inspiring Science.

Multifaceted intervention:

 Reminder letters for patients August 14, 2014

Patient Name, 123 ANY ST. TORONTO, ON A1B 2C3

Dear Patient.

I am writing to ask you to get checked for cervical cancer. This year, cervical cancer will be found in about 1,500 women in Canada and at least one woman will die every day from this disease. The good news is that you can take steps to protect yourself from cervical cancer by having regular Pap tests.

The Pap test is a screening test that looks for early warning signs of cervical cancer. As long as your test results are normal and you are in good health, you should have the Pap test **every three years.** If you have ever had an abnormal pap test in the past, you should be screened every year.

Having a Pap test is an important part of staying healthy. Cervical cancer can most often be prevented with regular checks and by having proper follow-up, if necessary. You can read more about Pap tests in the enclosed handout.

To get a Pap test, please book an appointment with myself by calling (416) 864-3096 at your convenience. If your primary provider is a Nurse Practitioner or Resident Physician, please book an appointment with them by calling the same number. This letter is based on a review of your chart on March 31, 2015. If you have since been tested for cervical cancer since, please disregard this letter.

I look forward to seeing you soon.

Sincerely,

1

Dr. Name Clinic Clinic Address Toronto, ON A1B 2C3 (416) 555-5555



Our QI intervention

Multifaceted intervention:

Physician audit& feedback

Summary of Cancer Screening Rates for Your Practice

Dr. Name, Clinic

August 28, 2014

Dear Dr. Name,

Thank you for participating in the QSC cancer screening initiative this summer.

We thought you would be interested in knowing how your cancer screening rates compare to those of your colleagues.

	Your Practice	Clinic	SMH DFCM Average
Cervical Screening Rate	66.1%	59.7%	60.2%
Breast Screening Rate	36.8%	49.5%	55.8%
Overall Colorectal Screening Rate (either FOBT or colonoscopy)	39.1%	53.3%	58.8%
FOBT Rate	13.8%	19.1%	18.6%
Colonoscopy Rate	28.7%	37.4%	44.7%

The above data is based on the following:

Cervical: % of rostered women aged 21 to 69 who have had a Pap Test in the last 36 months

Data obtained from EMR search conducted between Jun and July 2014

Breast: % of rostered women aged 50 to 74 who have had a Mammogram in the last 24 months

Data obtained from Cancer Care Ontario Screening Activity Report current to March 31,

2014

Colorectal: % of rostered adults aged 50 to 74 who have had an FOBT test in the last 24 months or

colonoscopy in the last 10 years

Data obtained from Cancer Care Ontario Screening Activity Report current to March 31,

2014

The graphs on the attached sheet summarize the cancer screening rates in our department across sites.

We anticipate receiving updated data on screening rates from Cancer Care Ontario in November and hope to see if rates have improved following our summer letter campaign.

Please email any comments or questions about the data or the cancer screening initiative to myself at kirant@smh.ca

Sincerely,

Tara Kiran for the QSC Cancer Screening Work Group



Our QI intervention

Multifaceted intervention:

Enhanced point-of-care reminders

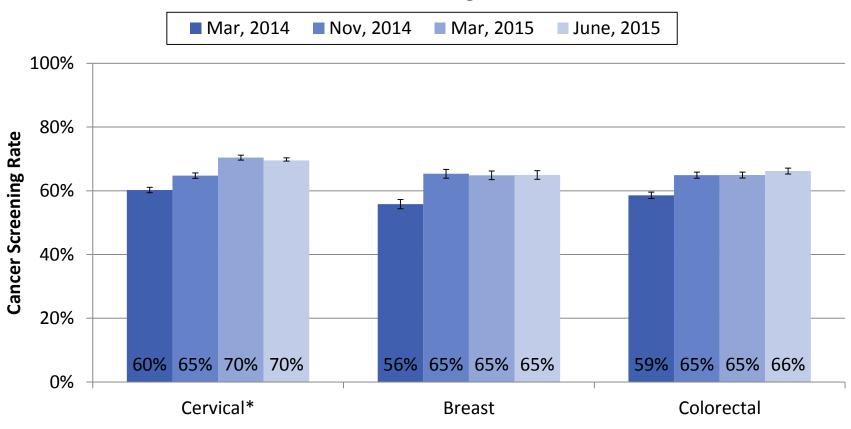
 Last CPX: no data
 Last Flu Shot: Dec 19, 2014
 Last FOBT: Jul 9, 2014
 Last BMD: Jan 16, 2008
 Last Colonoscopy: Jul 21, 2013

 Next CPX:
 Next Flu Shot: Dec 19, 2015
 Next FOBT: Jul 9, 2016
 Next BMD: Jan 16, 2013
 Next Colonoscopy: Jul 21, 2023



Results – overall screening rates

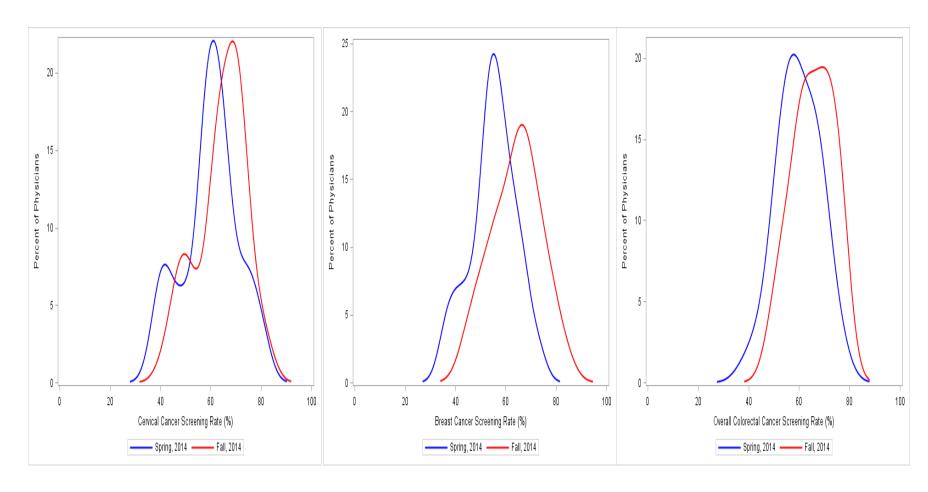
SMHAFHT Cancer Screening Rates Over Time



*Mar 2015 and later rates includes pap tests not captured in the EMR, previous rates did not



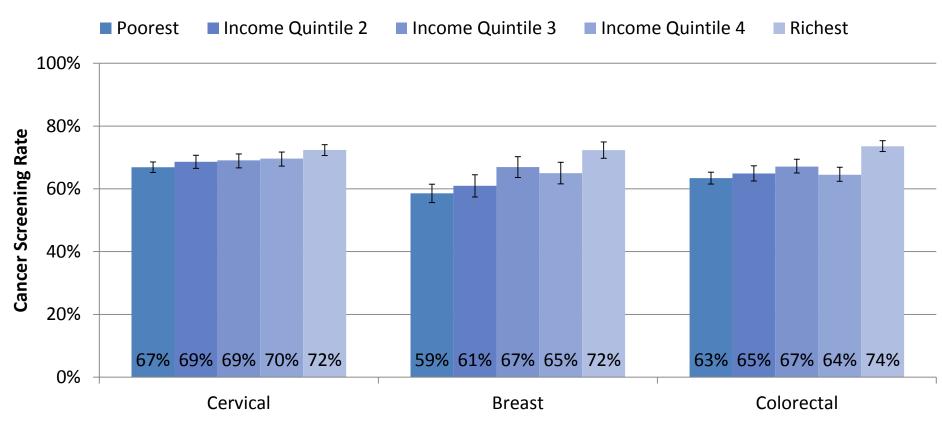
Results – variations in physicians' screening rates





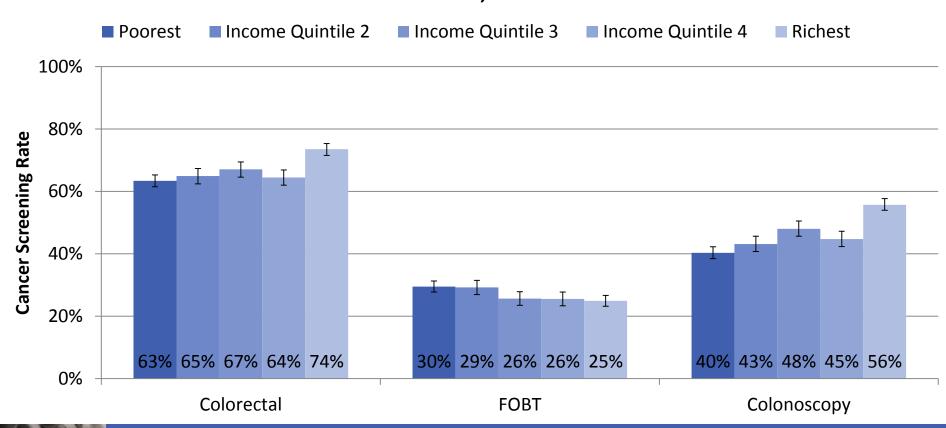
Results – equity

SMHAFHT Cancer Screening Rates by Neighbourhood Income Quintile - June 30, 2015



Results – equity

SMHAFHT Colorectal Screening Rates by Neighbourhood Income Quintile - June 30, 2015



Key messages

- Patient postal code is one way of looking for income disparities in your practice
- Data cleanliness is important, but sometimes it's more efficient to work around it
- Using merged data can give you more accurate data than any one source alone