

The Quarterly

A Newsletter for Primary Care Providers

A message from... Dr. David Baron



David Baron, MD, FRCPC
Regional Colorectal /GI Endoscopy Lead
Prevention and Screening
Central Regional Cancer Program

I believe the QBP's most important role will be to address the quality assurance aspect of endoscopy.

I am honoured to have been chosen as the Regional Colorectal Screening/GI Endoscopy Lead for the Central Regional Cancer Program. As a staff gastroenterologist at North York General Hospital I am looking forward to working with healthcare providers in the Central LHIN.

This new position was created to improve the quality of endoscopy delivered in our area. A new Quality Based Procedure (QBP), for endoscopy will be administered by Cancer Care Ontario. Presently, the QBP will deal only with endoscopies performed in hospitals and will direct the funding of endoscopy. I believe the QBP's most important role is to address quality assurance. An Endoscopy Quality Management Partnership (QMP) has been developed by the province (joint venture between Cancer Care Ontario and the College of Physicians and Surgeons of Ontario) to help guide the quality of the QBP.

Over the next two years, there will be exciting, new quality initiatives developed to harmonize endoscopy procedures performed in hospitals and eventually, in out-of-hospital facilities.

As the Regional Lead, I will be working with the Prevention and Screening staff as well as healthcare providers to develop goals and objectives for endoscopy in the region. While our goals will include improving colon cancer screening rates, there will also be an opportunity to manage wait times appropriately and optimize available endoscopy time. A priority will be improving our data collection, which will allow us to measure outcomes. Accurate data analysis will allow us to ascertain and improve quality.

Soon I will be meeting the endoscopy units in hospitals and in the out-of-hospital facilities. These meetings will provide a forum to openly discuss the parameters for quality improvement and standardized care in endoscopy. There will be a need to promote both public awareness and primary care education in the importance of colon cancer screening.

I am excited about this new role and the opportunity it creates for improved endoscopic quality and access in our region.

National Cervical Awareness Week—Pap Test Campaign

The Federation of Medical Women of Canada (FMWC) is running their annual Pap Test Campaign from October 20th to 24th during National Cervical Awareness Week. Health clinics across Canada register and screen overdue patients and women in the community. Registration starts in the early Fall. Once registered, a campaign package will be mailed to support your recruitment activities. For more information or to view previous years' materials, visit <http://fmwc.ca/events/pap-campaign/>.

For regional support, contact the Prevention and Screening Program at icsregional@southlakeregional.org.

FOBT— how to prevent kit rejection



Did you know that between April 2013 and March 2014 a total of **31,125** FOBT tests failed to be processed in Ontario? See page three for reasons why and tips to prevent this from happening with your patients.

Inside this issue:

FluFOBT clinic	2
Mammoth—May 7, 2014	2
Screening Partners event	2
FOBT—rejected kits	3
CCO—screening pilots	3
SAR—new updates	4
Profile—Jennifer MacInnis-Smith	4

FluFOBT clinic—flu vaccination and colon cancer screening together

Looking to improve your FOBT rates? Does your office run a flu clinic?

FluFOBT allows you and your team to offer Fecal Occult Blood Tests (FOBTs) to eligible patients during annual influenza vaccination campaigns. Research and practice have shown such initiatives are successful:

- Trials from University of California San Francisco showed Flu-FOBT program participants were twice as likely to complete colorectal screening (<http://www.ncbi.nlm.nih.gov/pubmed/21665058>).
- The Erie St. Clair Regional Cancer Program (RCP) ran ten clinics distributing 329 kits; eight positive FOBTs were collected, two polyps removed, one DAP and seven high risk patients sent for colonoscopies. There was a 70 per cent FOBT completion rate.
- The Waterloo Wellington RCP worked with three primary care providers and distributed 82 kits. A total of 24 per cent of patients received a kit and 16 per cent completed it.



Interested in running a FluFOBT? Contact us at icsregional@southlakeregional.org and we'll help you get started!

Mammothon—May 7, 2014

Mammothon

The 2014 Mammothon event was a great success! From six participating Ontario Breast Screening Program (OBSP) sites, 235 women received a mammogram.

Nearly 75 per cent of the women who attended were under/never screened. This means the majority had not had a previous mammogram through the OBSP or were

more than six months overdue (*the recommendation is every two years for average risk women aged 50 to 74*). One patient walked in to a site after ten years without a mammogram. Overall, 22 patients had abnormal screens and are being followed up. The participating OBSP sites put in a lot of effort to recruit and screen women and are excited for next year's event.



Markham Stouffville
Hospital



North York
General Hospital



Bluewater Imaging

Mackenzie Health
Richmond Hill



Southlake Regional
Health Centre



Stevenson Memorial
Hospital



Thank you to all of the primary care providers who promoted the event!

Screening Partners—event dedicated to frontline office staff

Did you know that an administrative team member can become a screening champion for your practice?

Margaret Franklin, Medical Secretary at Sherbourne Health Centre helps primary care providers at her office by coordinating communications for patients due for screening.

Encourage your office staff to attend the Screening Partners event to learn more about ways to improve cancer screening rates. Refer to the newsletter insert for the registration form.

Screening Partners

An event dedicated to frontline office staff
September 17, 2014 from 1pm to 4pm
Delta Hotel – 50 East Valhalla Dr., Markham



Screening Partners

For more information, please contact Kate Smith at KASmith@southlakeregional.org

FOBT—rejected kits: why and tips to ensure a successful screen

Ontario has one of the highest rates of colorectal cancer in the world. Despite evidence showing that screening saves lives, our provincial FOBT screening rate is approximately 30 per cent and the rate of those eligible but overdue for screening is 42 per cent (2012)*.

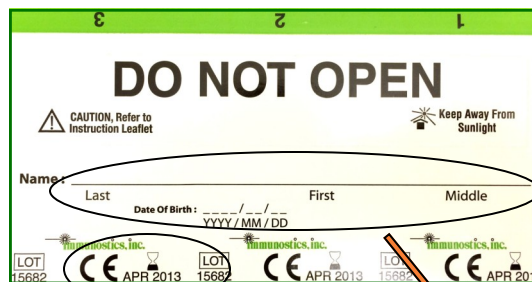
Between April 2013 and March 2014 a total of **3,393** completed FOBT kits were rejected in our region (*Central LHIN*) because they did not meet the criteria for processing. A rejected test can be frustrating for patients and providers alike. Listed below are the most common reasons for kit rejection and tips on how to ensure your patients have a successful screening.

Most common reasons for FOBT kit rejection:

- Not labelled
- ID mismatch
- Card w/o requisition
- Requisition without card
- Specimen expired
- Card expired
- Card damaged

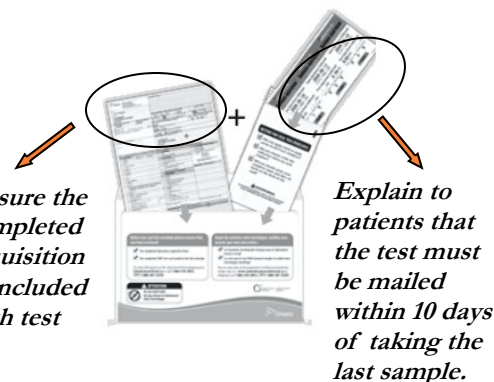
Tips for ensuring successful FOBT screening:

Remember, patients with a positive FOBT should be referred to colonoscopy, not asked to complete a second FOBT kit.



Ensure the FOBT kit has not expired—the expiration date can be found on the bottom of the back of the card.

Ensure the card is properly labeled with the patient's name and date of birth—consider using a patient demographic chart label.



Ensure the completed requisition is included with test kit.

Explain to patients that the test must be mailed within 10 days of taking the last sample.

FOBT screening has been shown to reduce death from colorectal cancer by identifying pre-cancerous changes in the colon and rectum. These changes may occur without symptoms in a patient who is otherwise healthy and without increased risk. Minimizing the number of rejected screens will help us reach the goal of successfully screening 90 per cent of eligible Ontarians by 2020.

For screening recommendations please visits: <http://www.cancercare.on.ca/pcs/screening/coloscreening>

* <http://www.csqi.on.ca/cms/One.aspx?portalId=289784&pageId=296144>

Screening pilots—improve cancer screening in your office

Cancer Care Ontario (CCO) is launching two pilot projects for primary care offices. The goal is to encourage patients to discuss cancer screening with their provider and improve screening rates.

#1—Video on Tablet in Exam Room Pilot

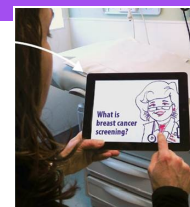
This pilot aims to:

- Provide breast screening education through interactive video modules from the Canadian Breast Cancer Foundation.
- Modules are loaded onto tablets in examination rooms for patients to watch while they wait.
- Videos are a conversation starter for PCP and patients.
- Access to wireless internet is required.

#2—Cervical Screening Call Pilot

This pilot aims to:

- Optimize EMR systems (Practical Solutions and Accuro) in order to better identify patients who are overdue for Pap testing.
- Generate a comprehensive contact list of patients who are overdue for Pap testing.
- Call all patients from the EMR generated list.
- CCO has developed EMR training manuals for staff to optimize their EMR and recruit patients.



Interested primary care providers can sign-up to participate as early as **August** with projects starting by **November 1, 2014**. During this pilot phase, only one office can be selected per project.

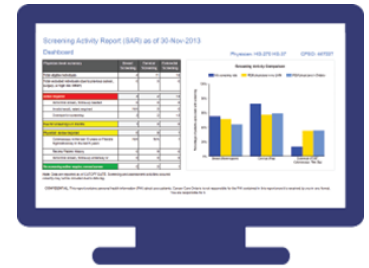
For more information and to register, contact ICSregional@southlakeregional.org.

SAR—new updates

As of April 2014, the Screening Activity Report (SAR) has expanded its scope to include patient screening information for breast and cervical cancer in addition to colorectal cancer which was the only program previously included.

Primary care providers can log in and securely access the electronic SAR using the eHealth Ontario ONE ID account. This ensures safe and secure access for reviewing a patient's personal health information.

PCP's without a ONE ID can begin the registration process by contacting eHealth Ontario at ONEIDBusinessSupport@ehealthontario.on.ca or Mike Caine, Coordination Advisor—Data Performance at mcaine@southlakeregional.org



Profile—Jennifer MacInnis-Smith, Manager, Regional Prevention and Screening Program



Jen's Profile

Jennifer MacInnis-Smith has several years of leadership experience working at Southlake Regional Health Centre, The Hospital for Sick Children and Women's College Hospital. Jennifer obtained a BSc (Hons) in Biological Science from the University of Guelph and a MSc in Applied Health Sciences from Brock University. Jennifer has been the Manager of the Regional Prevention and Screening Program since January 2012 and the Interim Manager of the Oncology Clinical Trials Program since May 2013.

What inspired you to work in healthcare?

From a very young age, I was exposed to the health care industry as my father, a dentist, and my mother, a dermatology nurse, both had careers focusing on prevention and improving the quality of a patient's health. I always knew I wanted to follow their lead and feel pride in what I do.

What are the most rewarding aspects of your job?

The most rewarding aspect of my job is working with an amazing team whose common goal is increasing cancer screening awareness throughout the region, specifically in under/never screened populations. The feedback we've received from our multiple initiatives has been very optimistic and encourages us that we are leveraging positive change.

What have you learned about cancer prevention and screening that others may not know?

I have learned that many cancers are curable when detected early. As an advocate for regular cancer screening, I encourage everyone who is eligible to be proactive about their health and get screened.

Stay tuned... The October 2014 issue will feature:

- Quality improvement project updates
- Screening Partners—front line office staff event update
- October—breast cancer awareness month

As always, your stories and feedback are welcomed.

Please forward your ideas or submissions to:

icsregional@southlakeregional.org

If you would like to receive this newsletter electronically, please let us know by emailing:

icsregional@southlakeregional.org

Remember, your patients listen to your advice!