QIP RESOLUTION EDITION

The Quarterly

A Newsletter for Primary Care Providers

PREVENTION AND SCREENING, CENTRAL REGIONAL CANCER PROGRAM January 2015 Issue 11

Getting quality improvement going for you and your team

By: Michelle Greiver, MD CCFP

Michelle Greiver, Family Physician, North York Family Health Team

Quality improvement has become a major focus of health care recently. We have funding to meet quality targets for some preventive services, Health Quality Ontario is tasked with making recommendations, and Family Health Teams have to submit formal Quality Improvement Plans every year. This can seem overwhelming at times.

It does not need to be overwhelming. In fact, I find it helpful to start with small projects that I think might be useful and won't take too much time; then I see if they work. For example, I registered for the CCO Screening Activity Report (SAR). The SAR tells me which women have had a colposcopy for abnormal Paps; I have 15 women who are post colposcopy in my practice.

I asked my office manager to have a look at each of those charts in the EMR and find out which women did not have a timely follow up Pap after their colposcopy: 5 women did not. We mailed them a letter, and 4 came in for Pap tests. To find out about how to get your SAR, please contact the Regional Prevention and Screening Program at icsregional@southlakeregional.org.

We also do some larger projects in my FHT. For example, we received our personalized report from Health Quality Ontario, that showed we were not prescribing as many ACEIs or ARBs for our older patients with diabetes as others in Ontario. We then looked for diabetic patients with elevated urine microalbumin who were not on ACEIs or ARBs. After review by each physician, we added an alert to the EMR "high ACR, discuss ACEI/ARB with patient". This resulted in a 10% improvement within 6 months. To do the audit, we used EMR data and auditing software provided by CPCSSN (www.cpcssn.ca). There is no cost to joining CPCSSN and it is easy to do; for more information, please contact: chriss@cpcssn.org

A good way to think about QI is:

- **Start where you are:** figure out what projects are reasonable for you and are likely to work. Starting small is perfectly fine.
- **Use what you have:** try queries in your EMR; use other reports (CCO SAR, HQO, CPCSSN) that may be available to you. Other people in your practice can help as well.
- **Do what you can:** if you see something that could be improved, give it a try and see if it works; every little step counts.

Quality Improvement Project (QIP) Funding Opportunity to 'Move the Needle'

for patients who are overdue for colorectal screening

Funding of up to $2000.00 per project* is available (subject to project approval) for this fiscal year (2014/2015).

Application for funding is due no later than **February 11th, 2015**. For more information, please contact Kate Smith at **kasmith@southlakeregional.org**

*In conjunction with Screening Partners, the Prevention and Screening Program will support primary care providers who initiate a colon screening QIP in their practice. QIP funding is to be used to assist Primary Care in the Central Region to 'move the needle' on their overdue for colorectal screening rate.

See page three for regional rates

In this Issue

Alcohol and Cancer

If you would like posters or fact sheets about alcohol and cancer risk to use in your office, please contact Sherry-Ann Nisula by phone at 905-830-4444 ext. 73052 or by email: sherry-ann.nisula@york.ca

Alcohol and Cancer

By York Region Public Health

Alcohol is a known carcinogen, but only a third of Canadians are aware they can lower their risk of cancer by reducing their alcohol consumption. According to the World Cancer Research Fund, there is no safe limit of alcohol intake to prevent an increased risk of cancer. Cancer Care Ontario's, The Cancer Risk Factors in Ontario: Alcohol Report indicates a significant percentage of Ontarians drink alcohol in excess of the guidelines (refer to diagram on left).
Have the discussion with your clients about their alcohol intake and share these important facts:

- All types of alcohol (beer, wine, spirits) increase the risk of cancer
- As alcohol intake increases, the risk of cancer also increases
- Using alcohol with tobacco causes even greater risk than using either one alone
- Although light to moderate alcohol consumption can protect against cardiovascular disease, healthy eating, physical activity and not smoking can be more effective to improve heart health and decrease the overall risk of cancer

What types of QIPs are your colleagues working on?

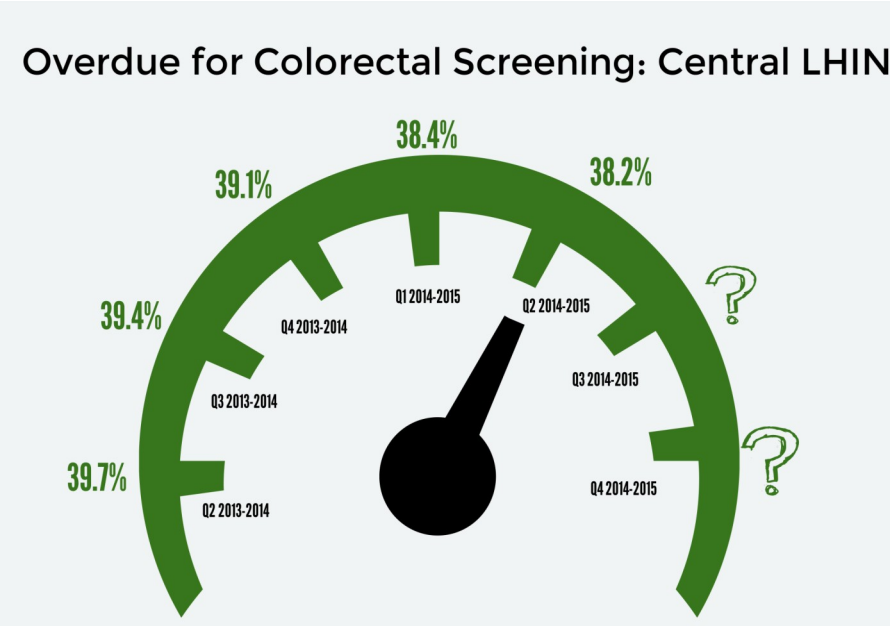
Southlake FHT QIP-Focus is on colorectal cancer (CRC) screening with the goal of raising the CRC rate to 80% (baseline is 41%). They have spent time evaluating the root causes of low CRC screening rates. They have engaged their patients through a survey to determine barriers and will use a number of intervention techniques to engage patients.

Carefirst QIP: Target is to increase their CRC screening rates to 65% (baseline 60%) specifically targeting under/never screened population through letters, follow up phone calls from nurses, as well as patient education (either one on one or groups using videos/nurses to educate.)

Markham FHT QIP: This project specifically targets those under/never screened for Pap, mammography and patients that have *never* been screened by Fecal Occult Blood Test (FOBT). PCPs will be trained on how to flag patients (target of 80%) in the EMR to ensure data quality. Targets are 20% uptake among under/never screened for Pap and breast screening and 15% FOBT or *colonoscopy* among never screened patients. Targets are set lower for the "less-adherent" population.

New Medicine FHO QIP: Created a screensaver to educate clients about CRC screening. Patients were given the opportunity to provide feedback on the screensaver. Changes have been implemented in Q3. The baseline CRC rate was 76% (from Q4 of last fiscal) Q1 rate was 81% Q2 rate 80%.

Moving the Needle: Patients Overdue for Colorectal Screening

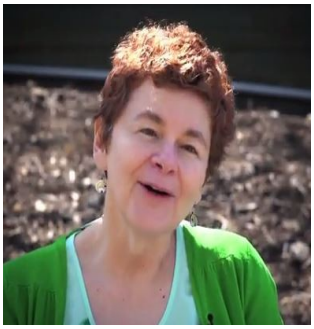


Calculation: Total number of screen-eligible individuals (50-74 years old) who were overdue for colorectal screening / Total number of screen-eligible individuals (Central LHIN population)

Data source: CIRT, LRT, OHIP CHDB (Claims History Database), OCR (Ontario Cancer Registry), PIMS (Pathology Information Management System), RPDB (Registered Persons Database), PCCF+ version 5k

* Individuals are considered "overdue" if they have not had an FOBT in 2 years, colonoscopy in 10 years, or flexible sigmoidoscopy in 5 years

Quality Improvement begins with a patient story.



Watch Suzanne's story and be inspired to move the needle on those overdue for colorectal screening. http://bit.ly/166NFRV

This metre reflects the percent of the Central LHIN population 50–74 years old overdue (or are due) for colorectal screening because they have not had a recent colorectal screening test .

As a region, we are above target (Target is 40%) for those overdue for colorectal screening, but we need to continue to move the needle.

Help to keep the needle moving in the right direction by continuing to seek out eligible patients and remind them about screening for colorectal cancer.

Cancer Care Ontario's Screening Activity Report (SAR)

Register for ONE ID to gain access to your SAR.

Start using your SAR to better inform your QIPs.

Not sure if you're registered or how to register?

Already registered but forgot your password or username?

Cancer Care Ontario's **Screening Activity Report (SAR)**

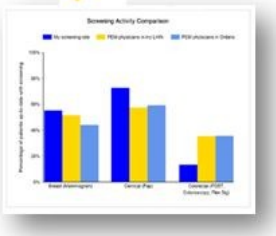
The SAR is a supplementary tool to support patient enrolment model (PEM) physicians in improving their **breast, colorectal, and cervical** cancer screening rates and appropriate follow-up.

ONE ID Registration Count: Users require an eHealth Ontario ONE ID to access the SAR. Over **4,700** primary care providers and over **1,000** delegates have been registered for a ONE ID.

The SAR includes:

1. **Dashboard**: summary of your overall cancer screening activities and a comparison of your screening rates relative to physicians in your Local Health Integration Network (LHIN) and the province.
2. **Enrolled Patients Screening Summary**: an integrated view that tells you the screening status for breast, cervical and colorectal screening for all of your enrolled patients between the ages 21 and 74 years.
3. **Enrolled Patients Program Reports**: provides the screening related history for all eligible and enrolled patients in each program: **breast, cervical, and colorectal cancer screening.**

SAR Dashboard



To access your SAR or for more information on how to register for ONE ID, visit: **www.cancercare.on/ca/ SAR**

SAR Screening Activity Report

Contact Us:

icsregional@southlakeregional.org

My CancerIQ™...It's coming to your office soon

Cancer Care Ontario is proud to launch **MyCancerIQ.ca** – an innovative online cancer risk assessment tailored to Ontarians. It is designed to start a conversation between patients and you, their health care providers about breast, cervical, colorectal, and lung cancer prevention.

My CancerIQ is a new evidence-based risk assessment that asks users detailed questions about their family, personal, and medical history, and their lifestyle and occupational exposures.

It then provides them with their cancer risk relative to Ontarians; their age and sex, a summary of their cancer risk factors and the steps they can take to reduce them – such as connecting people looking to quit smoking with the Smokers' Helpline.

My CancerIQ equips patients with evidence-based facts so that during their next visit, their health care providers can spend less time assessing risk factors, and more time focusing on cancer prevention, screening and health behaviour change.

MyCancerIQ.ca is now live to health care providers and will officially launch to the public in February 2015.

my CANCERiQ

Visit MyCancerIQ.ca for more information on the new risk assessment tool, get familiarized with patient reports, and try the risk assessment yourself!

If you would like materials to promote My CancerIQ in your practice please contact mycanceriq@cancercare.on.ca

FAQ By Erica Mantay, MD, FRCSC Regional Colposcopy/Cervical Lead

Q: Pap tests in post menopausal women can be painful and difficult to perform due to vaginal atrophy. Are there any strategies you could recommend to assist with this?

A: If a woman finds the Pap very uncomfortable because of vulvovaginal atrophy(VVA), there are a couple of strategies that might help facilitate it. Using a pediatric speculum, or a Pederson (narrow) speculum often allows exposure of the cervix with less discomfort. A small amount of gel lubricant can reduce friction and abrasions of the vaginal wall. If she is bothered by atrophy and wishes topical estrogen, an 8-12 week course before the Pap can also treat the atrophy that is aggravating the uncomfortable exam. The North American Menopause Society web site has a very good patient information sheet on treatments for VVA which you might share with your patients. http://www.menopause.org/docs/for-women/mndryness.pdf

Profile: Melanie Metherall, Administrative Assistant, Prevention and Screening

The Face of the ICS Regional Inbox

What inspired you to work in healthcare?

I was inspired to work in healthcare 15 years ago when my daughter was diagnosed with a serious medical condition. I was inspired not only by the nurses and physicians, but also by the support staff that greeted us warmly, helped us with the paperwork and kept us organized in general. I knew then that I wanted to work in an environment where the focus is on helping people!

What are the most rewarding aspects of your job?

When I explained to my eight-year-old that our amazing team is out in the community encouraging people to get screened for cancer, his response was "that means that you guys actually save lives!" At the end of the day, that is the goal, and what better reward could there be?

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

I have learned that there are many easy ways to get screened for cancer and to have it detected early. Unfortunately, I have also learned that there are still many people/communities that are under/never screened and that continued outreach to these communities is imperative.

Receive this newsletter electronically by emailing us!
Your stories and feedback are welcomed. Please forward ideas or submissions to: icsregional@southlakeregional.org

www.youtube.com/DocMikeEvans

central regional cancer program
in partnership with cancer care ontario

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