

The Quarterly

A Newsletter for Primary Care Providers

A Message from Dr. David Fell, our Regional Vice President



Dr. David Fell
Vice President, Regional Cancer & Cardiac Programs & Regional VP
CLHIN CCO
Southlake Regional Health Centre

“It is imperative that we improve strategies to reach men and women in our region who are under/never screened”

As Regional Vice President for the Central LHIN Regional Cancer Program, I am pleased to provide an update on the exciting initiatives that are taking place in the Regional Prevention and Screening Program and I encourage you, the Primary Care Providers, to join us in our efforts. The Prevention and Screening Program’s overarching goal is to increase cancer screening rates for breast, cervical and colorectal cancer in the Central LHIN Region. We endeavor to reach this goal by engaging the public and health care professionals in the community through educational events, cancer prevention and screening materials and updates, as well as the support of quality improvement projects (QIP). The collaboration of ongoing community and Primary Care engagement activities are guided by the key leaders in the Central LHIN’s, Prevention and Screening Program: Dr. Marla Ash, Regional Primary Care Lead, Jennifer MacInnis-Smith, Program Manager and Roseanne Pegler, Executive Lead.

Regionally, we are performing well, however, there is an opportunity to improve cancer screening rates and to increase screening to 100 percent for eligible patients. It is imperative that we improve strategies to reach men and women in our region who are under/never screened. The province is working alongside the regions with initiatives to increase screening uptake. These include: breast, cervical and colon cancer screening invitation and reminder letters for eligible patients and annual public awareness campaigns. For Primary

Care, there is the comprehensive Screening Activity Report (SAR) which assists physicians in a Patient Enrollment Model (PEM) practice to improve screening for their patients as well as identify patients with abnormal tests that may require follow-up diagnostic tests or procedures. It is well known that Primary Care Providers can have significant influence over a patient’s decision to get screened. Your Screening Activity Report (SAR) is a valuable tool to assist you with identifying and reaching out to patients who are overdue for screening.

In the future, there may be exciting additions to the screening programs such as the use of HPV testing for cervical screening and fecal immunochemical test (FIT) for colon screening. The Prevention and Screening Program is your resource for program updates, cancer screening tools, guidelines and ONEID registration. Stay tuned for quality improvement updates from your colleagues, upcoming CME presentations and our community engagement regional campaigns.

It has been a productive and exciting year to date in the Central LHIN Regional Cancer Program and we look forward to working closely with you as we strive to increase cancer screening rates and identify under/never screened patients across our region. If you have any questions about cancer screening or the Prevention and Screening initiatives please do not hesitate to reach out to us at: ICSregional@southlakeregional.org.



*October is
Breast Cancer
Awareness Month!*

Refer to page 3 for
special breast features and
IMPORTANT OBSP CHANGES

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Maintaining the gains, North York Family Health Organization (NYFHO)

Quality Improvement Spotlight –CCO Stale Reminder Project

The NYFHO has had an organized cancer screening reminder and alert system for their EMR since 2007. The team mails reminder letters to all patients overdue for breast, cervical and colorectal cancer screening once every three months to a maximum of two letters per patient. The practice's Quality Improvement Project (QIP) focused on the potential value of sending out an additional reminder letter and relevant cancer screening information to those patients who had not received a letter for more than two years and remained overdue for cancer screening.

Dr. Michelle Greiver concludes that "mailing a reminder to patients who have not received a letter in more than two years resulted in a small but measurable increase in the uptake of services. It may be worthwhile targeting patients that have been overdue for a long time using this process."

Audit after 3 months	Pap	Mammo	FOBT	Total
Number mailed received service	4	1	23	28
% mailed receiving service	4%	1%	7%	5%
Number returned "wrong address"	13	7	13	33
% returned "wrong address"	10%	6%	3%	5%
Audit after 6 months	Pap	Mammo	FOBT	Total
Number mailed received service	6	7	26	39
percentage of those mailed	6%	7%	8%	8%

Results:

- Three months after mailing additional letters, the largest improvement was seen for colorectal cancer screening, with an increase of seven percent for FOBT screening (% mailed receiving service).
- It is possible that the greater response for FOBT compared to the other services was because patients were mailed a FOBT kit; they could do the test right away at home with no appointment required.
- It was also noted that other services improved by six months.

Screening Partners, an event dedicated to frontline office staff

The first Screening Partners event for frontline office staff went off with a bang at the Delta Hotel in Markham on September 17! With over 38 participants from offices across the region, we were able to generate great discussion on the importance of educating patients on cancer screening, as well as learn what our colleagues are currently doing in their offices to increase screening rates for breast, colorectal, and cervical cancers.



Highlights included...

- CCO SAR and EMR updates
- Start the conversation tips
- Yoga
- Delicious lunch
- Laughs and learning
- Resource toolkit for every office &
- Draw for an iPad Mini!

Thanks to all who came out and participated in the event!
Stay tuned for information about our next event



Did you know October 20th to 24th is Cervical Cancer Awareness Week?

#PapNinja - Central Regional Cancer Program has partnered with York University, Seneca College and York Region Public Health to increase cervical cancer screening and HPV awareness for male and female students in the region. As a result of the campaign efforts, you may have more patients asking about Pap tests, HPV, and the HPV vaccines.

Understanding the OBSP Screening Report

ONTARIO BREAST SCREENING PROGRAM SCREENING REPORT

Client Name _____ Address _____ Phone _____ Birthdate _____ Age _____ Screen # _____

Physician Name _____ Digital Accession # _____

OBSP Site Name _____ Location _____

Prev OBSP Screen # _____

Compared to Previous: Yes No

Breast Density = 75%

Breast Density < 75%

NORMAL/ BENIGN MAMMOGRAM

OBSP to recall client in 1 year as per radiologist

Reason for 1 year recall: _____

Referred Findings: Mass Calcification Arch. Distortion Focal Asymmetry Other

Lesion Size (mm): _____

Assessment: Special Views Breast Ultrasound Surgical or Clinical Consultation

Reason for surgical/clinical Consultation: _____

Signature _____ Name _____ Date _____

If the patient is greater than 73 years old at the time of screening she will not receive a recall letter for OBSP

If there are any concerns with the screening report such as interpreting handwritten comments or screening interval please contact the OBSP screening site

Look here to see if your patient has been recommended for screening in one year by the Radiologist

On September 22, 2014 the Ontario Breast Screening Program Physician *Normal* Results Correspondence letter was discontinued to minimize the opportunity of error.

- You will continue to receive the OBSP screening report or a dictated report from the screening mammogram.
- You will **no** longer receive a letter from OBSP describing the outcomes of a *normal* screening mammogram.
- Please be aware there may be an address sheet (but otherwise blank document) that you receive attached to the screening report.
- If your patient qualifies for annual screening due to family history she will receive a recall invitation yearly. A detailed family history of breast or ovarian cancer is **not** provided on the screening report.

Frequently asked questions: High Risk Breast Screening Program

What is the High Risk Breast Screening Program?

The High Risk Breast Screening Program is an organized screening program for women deemed to be at very high risk of developing breast cancer in their lifetime. The high risk screening program consists of annual mammography and breast MRI imaging for women aged 30-69.

Who is eligible for High Risk Breast Screening?

Women aged 30 to 69 years are considered to be at high risk for breast cancer if they have **any** of the following risk factors:

- a genetic mutation that puts them at high risk for breast cancer.
- a parent, sibling or child who has a genetic mutation that puts them at high risk for breast cancer and have declined genetic testing.
- a family history that indicates a lifetime risk of breast cancer that is >25% confirmed through genetic assessment.
- They received radiation therapy to the chest before 30 years of age and at least eight years ago as treatment for another cancer or condition (e.g., Hodgkin's disease).

What if I am not sure if my patient qualifies for the High Risk Breast Screening Program?

Patients who do not meet the age requirements for average risk breast screening program, but present with a significant family history can be referred to the High Risk Screening Program for genetic consultation to determine eligibility for High Risk screening.

How do I refer my patients to the High Risk Breast Screening Program?

To participate in the OBSP High Risk Screening Program, women aged 30 to 69 years who think they may be at high risk for breast cancer need a referral from a physician.

OBSP High Risk Breast Screening referral (PDF) can be obtained online at:

https://www.cancercare.on.ca/pcs/screening/breastscreening/healthcare_provider_information/



QUICK FACTS

- Of the 35 breast cancers detected during the first year of the OBSP High Risk Screening Program, all were detected by MRI, either alone or with mammography.
- Most of the breast cancers were invasive and were detected among women who were known gene mutation carriers.
- Approximately 34,000 women (aged 30 to 69 years) in Ontario are at high risk for breast cancer. This represents approximately one per cent of the population.
- Screening tests may miss some breast cancers. Also, some cancers develop in the time between screens. These are among the reasons that regular screening is important.

Based on CCO's High Risk Report

PHO Grand Rounds: My CancerIQ™



In January 2015, Cancer Care Ontario will launch *My CancerIQ™*, an interactive website for the public. This e-tool will provide personalized assessments for breast, colorectal, lung and cervical cancer. Primary care providers are invited to join Public Health Ontario's Grand Rounds to learn about this exciting initiative before its launch.

Find out more about My CancerIQ™
Tuesday, November 4, 2014—12-1pm
To register, please visit

<http://phograndroundsnovember42014.eventbrite.com>



Profile: Megan Kirk, Coordination Advisor, Health Promotion

Megan is an experienced behaviour change specialist and has worked on several nationally-funded health promotion projects for young adults, seniors, and youth-at-risk. Megan holds a CIHR-funded Master's Degree in Kinesiology from the University of Victoria and is the Coordination Advisor for Health Promotion in Prevention Screening at the Central Regional Cancer Program. In her spare time, you can find Megan teaching Health Promotion at Georgian College, or teaching hot yoga at Moksha Yoga studio in Barrie.

What inspired you to work in healthcare?

After encouraging (aka – pestering) my dad to visit his family physician for a routine physical exam, he learned that he had prostate cancer. Early detection of the cancer gave my dad more treatment options and he is now celebrating his 8th year of being cancer free. The impact that early screening has had on my entire family is immeasurable and the reason why I love having a career in health promotion.

What are the most rewarding aspects of your job?

A mentor of mine once told me, "You can choose to be affected by the world, or you can choose to affect the world." To have the opportunity to be in a health promotion position where I am surrounded by inspiring team-mates and who help me reach beyond what I thought possible is more than I could have ever hoped for. Together, we are making a difference in the lives of families.

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

The power of *NOW* and having the courage to participate in cancer screening is a small act that has a big impact. Ultimately, it is the reason my dad will be able to walk me down the aisle next year.



Stay tuned...

The January 2015 issue will feature:

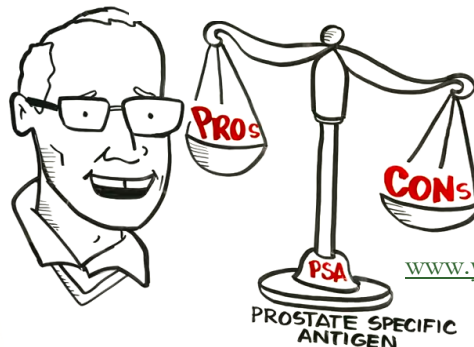
- Feature: Colon screening
- Alcohol and cancer
- QI project updates

Mammoth Update:

Thank you to everyone who encouraged their patients to attend the one-day screening event on May 7th. A cancer was found in a 53-year-old patient. This was her first OBSP mammogram.

Your stories and feedback are welcomed. Please forward 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



Check out Dr. Mike Evan's video on the PSA test!

www.youtube.com/DocMikeEvans



Prevention and Screening

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