

HOW CAN WE IMPROVE PARTICIPATION IN BREAST, BOWEL AND CERVICAL CANCER SCREENING?

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How do we improve participation in bowel cancer screening?

- Tailor and/or update resources on bowel cancer screening and display materials such as posters in the waiting room
- Work with a small cohort of your patients to review and/or co-design promotional materials
- Consider incorporating bowel cancer screening as a discussion point in the 45-49 year old health assessment

Strategies for improving screening rates for under-screened individuals

1. For Aboriginal and Torres Strait Islander people, access information, advice and resources here:
<https://www.indigenousbowelscreen.com.au/health-professionals/>
2. For individuals from low SES areas, consider a follow-up telephone call after a consultation and/or a reminder letter has been sent¹⁵
3. Provide specific, clear information to those with lower health literacy¹⁶

Enablers for under-screened groups

- Culturally and linguistically appropriate information
- Opportunistic reminders
- Planned follow-up to assess if individuals have undertaken the FOBT



Enablers for health services

- GP recommendation
- Information on the effectiveness of routine screening programs, including the proportion of false negatives and false positives, in order to effectively promote screening
- Special clinics that focus on preventative activities or involve Practice Nurses in screening activities
- Ask patients to complete a bowel cancer screening self-assessment
- Provide screening information in an appropriate format e.g. easy English, different languages, videos
- Provide demonstrations of FOBT
- Allow time to discuss and address their concerns



¹⁵ Phillips L, Hendren S, Humiston S, Winters P & Fiscells K, 2015, Improving Breast and Colon Cancer Screening Rates: A Comparison of Letters, Automated Phone Calls, or Both, <http://www.jabfm.org/content/28/1/46.full>

¹⁶ Courtney RJ, Paul CL, Sanson-Fisher RW, Carey ML, Macrae FA & Yoong SL, 2012, Community approaches to increasing colorectal screening uptake: A review of the methodological quality and strength of evidence, https://cancerforum.org.au/wp-content/uploads/2015/06/CFMAR2012_Forum7.pdf



Resources

- For health care provider information about your role in the NBCSP:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/role-of-GPs>
- For Cancer Australia clinical practice guidelines and care pathways for bowel cancer:
<https://bowel-cancer.canceraustralia.gov.au/health-professionals>
- To access a multitude of resources from Cancer Council Victoria, please use this link: <https://screeningresources.cancervic.org.au/search/>
- For national bowel cancer screening resources for consumers:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu-bowel>
- For RACGP clinical guidelines on bowel cancer screening:
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/colorectal-cancer>



How do we improve participation in breast cancer screening?

- Tailor and update resources on breast cancer screening and display materials such as posters in the waiting room
- Work with a small cohort of your female patients to review and/or co-design promotional materials
- Develop and provide information to women that promotes the importance of updating personal contact details held by the BreastScreen program

Strategies for improving screening rates for under-screened women

1. For older women, consider following up reminder letters with phone calls
2. For migrants and refugees, liaise with relevant community groups, offer language-specific education sessions and assist with transport requirements¹⁷
3. For Aboriginal women, liaise with your local ACCHO or Aboriginal medical service. Establish connections with female Aboriginal Health Workers and hold specific “yarning” sessions.¹⁸
4. For CALD women, hold language specific information sessions¹⁹; liaise with BreastScreen Victoria to send written invitations²⁰

Enablers for under-screened groups

- Local interpreter services
- Accessible, appropriate information and resources about breast screening
- Information on the BreastScreen bus timetable or location
- Localised health services guide for women



17 Dunn SF, Lofters AK, Ginsburg OM, Meaney CA, Ahmad F, Moravac M, Nguyen CTJ & Arisz AM, 2017, Cervical and Breast Cancer Screening After CARES: A Community Program for Immigrant and Marginalized Women, <https://www.sciencedirect.com/science/article/pii/S0749379716306249>

18 Cancer Institute NSW, Increasing breast cancer screening participation among Aboriginal women in the Lithgow LGA, <https://www.cancer.nsw.gov.au/about-us/events/innovations-in-cancer-treatment-and-care/2017-innovations-in-cancer-treatment-and-care-conf/increasing-breast-cancer-screening-participation-a>

19 Cancer Institute NSW, Improving breast and cervical screening participation rates amongst CALD and Indigenous women in regional Australia: Evaluation of the implementation of pop-up amalgamated clinics, <http://www.ruralhealth.org.au/6rrhss/sites/default/files/2018-04/Catherine%20Harding%20and%20Dianna%20Jonasson.pdf>

20 Phillipson L, Larsen-Truong K, Jones S & Pitts L, 2012, Improving cancer outcomes among culturally and linguistically diverse communities: a rapid review of the literature, The Sax Institute, <https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com.au/&httpsredir=1&article=1485&context=sspapers>



Enablers for health services

- GP recommendation
- Access to female GP or nurse if required
- Shared consultations with female GP or nurse
- Access to current health services guide for women, including details of women's health centres
- Provide screening information in an appropriate format e.g. easy English, different languages, videos
- Demystify breast cancer screening and the screening process and allow time to discuss their concerns



Resources

- For Cancer Australia breast cancer guidelines, guides and resources: <https://breast-cancer.canceraustralia.gov.au/health-professionals>
- To access a multitude of resources from Cancer Council Victoria, please use this link: <https://screeningresources.cancervic.org.au/search/>
- For national breast cancer screening publications and resources for women: <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu-breast?OpenDocument&CATEGORY=Consumer+resources-2&SUBMIT=Search>
- For RACGP clinical guidelines on breast cancer: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/breast-cancer>



How do we improve participation in cervical cancer screening?

- Offer the self-collection method to relevant women
- Implement a Health Service disability policy and processes to ensure appropriate access and equipment is available
- Liaise with local women's health centres to promote access
- Work with others to provide community-based promotion campaigns

Strategies for improving screening rates for under-screened women

1. For Aboriginal women, send regular invitations to screen; ensure accessible and culturally appropriate services are available²¹
2. For CALD women, engaging with non-medical and family networks to encourage screening; holding education sessions that address specific fears²²
3. For people who identify as LGBTIQ, ensure all staff use inclusive language and demonstrate non-judgement attitudes; discuss sexual orientation and gender identity²³
4. For women with a history of sexual assault, support the woman to attend with a relative or friend; elevate the pelvis with a cushion; offer the women the choice to insert the speculum²⁴
5. For women who have undergone female genital circumcision, support the woman to attend with a relative or friend; encourage calming and deep breathing techniques to help support relaxation²⁵
6. For women with a disability, book longer consultations; offer assistance with undressing, dressing and positioning²⁶

Enablers for under-screened groups

- Access to a female GP and/or PN
- National Interpreter services - 13 14 50 (TTY 13 36 77)
- Local transport options



21 Cancer Council, Cancer Council Guidelines: 12. Screening in Aboriginal and Torres Strait Islander Women

22 Federation of Ethnic Communities' Councils of Australia, 2010, Cancer and Culturally and Linguistically Diverse Communities, http://www.fecca.org.au/images/stories/pdfs/cancer_cald_communities_report2010.pdf

23 PapScreen Victoria, Lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) people and cervical screening: a guide for health professionals, http://www.papscreen.org.au/downloads/research_eval/LGBTIQ_PAPSCREEN_INFO_SHEET_for_GPs.pdf

24 Cancer Council Victoria, Sexual assault & cervical screening: A resource for health care professionals, <https://www.cancerciv.org.au/downloads/health-professionals/cervical-screening/casa-nurses-card.pdf>

25 Cancer Council Victoria, Female genital cutting (FGC) & cervical screening: A guide for practitioners, <https://www.cancerciv.org.au/downloads/health-professionals/cervical-screening/fgc-card.pdf>

26 Halcomb EJ, Peters K & Smyth E, 2018, Health screening for women with physical disability in Australian general practice: A survey, <https://www.sciencedirect.com/science/article/pii/S132276961730241X>



Enablers for services

- GP recommendation
- Formalised reminders and opportunistic prompts
- Provide screening information in an appropriate format
- Allow time to discuss the screening process and discuss their concerns
- Liaison with women's health centres
- Liaison with community groups to promote screening to specific groups, e.g. CALD women



Resources

- For health care provider information about your role in the NCSP:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers>
- For information on HPV and cervical cancer:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/about-HPV-and-cervical-cancer>
- To access a toolkit for engaging under-screened and never-screened women, please use this link:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-toolkit-engaging-under-and-never-toc>
- To access a multitude of resources from Cancer Council Victoria, please see:
<https://screeningresources.cancervic.org.au/search/>
- To access national cervical cancer screening patient publications and resources:
<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu?OpenDocument&CATEGORY=2Consumer+Resources-3&SUBMIT=Search>
- For RACGP clinical guidelines on cervical cancer screening:
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/red-book/early-detection-of-cancers/cervical-cancer>

Cancer Screening Model for Improvement Examples

MFI Example for Bowel Cancer Screening

A Health Service reviews their cancer screening data and decides to focus their initial efforts on improving the rates of **bowel cancer screening** for eligible patients in their Health Service population.

As a team, in early February 2019, they plan and undertake their first Model for Improvement. To begin, they answer the three Fundamental Questions.



Question 1: What are we trying to accomplish?

Q1. What are we trying to accomplish?
(Goal)

Our goal is to:

Increase the number of people who undertake bowel cancer screening

This is a good start, but how will they measure whether they have achieved this goal? The team will be more likely to embrace change if the goal is more specific and has a time limit.

So, for this example, a better goal statement would be:

Q1. What are we trying to accomplish?
(Goal)

Our goal is to:

Increase the proportion of our Health Service Population patients aged 50 (first timers) that participate in bowel cancer screening by 15% by 31 May 2019



Question 2: How will we know that a change is an improvement?

Next the team selects measures to track progress against meeting their goal.

Q2. How will we know that a change is an improvement?
(Measures)

We will measure the percentage of eligible regular patients aged 50 who have a FOBT result recorded:

- A - The number of Health Service Population patients on our clinical database aged 50 years (denominator)
- B - The number of Health Service Population patients on our clinical database aged 50 with a recorded FOBT result (numerator)
- B divided by A produces the percentage of Health Service Population patients aged 50 who have a FOBT result recorded

This is a good measure, however, please note that as you measure this over time, some people who were included in earlier results (say February 2019) will have turned 51 (in say March 2019) and will not be included in the results measured in March. In later measurement, people who have just turned 50 will be included where they would have been excluded in earlier counts. Therefore, for this particular measure, if the team focusses on those people who have just turned 50 and who would have just received their FOBT test, it's likely that the results will show greater improvement when compared with focussing on people who are about to turn 51.



Question 3: What changes can we make that will result in improvement?

Then the whole team is asked for ideas to reach the goal.

Q3. What changes can we make that will lead to an improvement?
(Ideas)

Our ideas for change:

1. Audit patients aged 49 and send letters encouraging participation in the NBCSP
2. Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded
3. Create an ongoing system for sending a letter to people aged 49 to encourage their participation in the screening program
4. Clinicians to discuss and encourage opportunistic screening
5. Add bowel cancer screening to templates for chronic disease management and 45-49 year old health assessments
6. Source and provide endorsed patient education resources (in waiting rooms, toilets, distributed) and demo kits
7. Run an awareness campaign for bowel cancer awareness month

Finally, the team selects one idea to begin testing with a PDSA cycle.

Idea 2: Cycle 1:

Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded

PLAN	DO	STUDY	ACT 1 - POSSIBLE NEXT PLAN	ACT 2 - ALTERNATIVE NEXT PLAN
<p>What: John to use Sue's office to conduct audit using Pen CAT and identify regular patients aged 50 years and 2 months who have not had an FOBT result recorded</p> <p>Who: Practice Manager</p> <p>When: 17 March</p> <p>Where: At the Health Service</p> <p>Prediction: 30% of these patients will have an FOBT result recorded</p> <p>Data to be collected: Number of regular patients aged 50 years and 2 months and the status of their FOBT result. This can be achieved by using Pen CAT and then exporting the search to Excel. In Excel the date of birth can be used to identify those that are 50 years and 2 months old and also their FOBT result status.</p>	<p>Done - completed 17 March</p> <p>While the test went smoothly, the Practice Manager needed to contact the PHN for support with Pen CAT and the export function.</p>	<p>Total 152 patients aged 50yrs and 2 months / 36 have had an FOBT = 24%, lower than predicted.</p>	<p>Send a letter to patients aged between 50yrs-50yrs and 2 months to encourage participation</p>	<p>Audit and identify patients aged 49 years, 11 months and send letter to encourage participation</p>

Following on from the first PDSA cycle, the team select the first Act (Act 1) to trial in their next PDSA cycle.

Idea 2: Cycle 2:

Audit patients aged 50 years and 2 months and send letters to those who have not yet had an FOBT result recorded

PLAN	DO	STUDY	ACT - NEXT PLAN	ACT - NEXT MFI
<p>What: Sue to draft a letter template & John to post letters to patients aged 50yrs-50yrs and 2 months who have not had an FOBT result recorded</p> <p>Who: Practice Nurse and Practice Manager</p> <p>When: Sue - by 20 March 20, John - by 27 March</p> <p>Where: At the Health Service</p> <p>Prediction: There will be an increase in participation noticeable within one month and by the end of May 2019, 35% will have an FOBT result recorded</p> <p>Data Collected: Number of patients aged 50yrs-50yrs and 2 months who have had an FOBT result recorded</p>	<p>Done - completed by 27 March</p>	<p>38 letters sent. Using the same data collection method as in the earlier test, it was noted that within three weeks, 8 of the 38 had a recorded FOBT result.</p>	<p>Idea 1: Audit and identify patients aged 49 years and 11 months and send letters to encourage participation.</p>	<p>Consider same/ similar/different approach for other eligible ages</p>

The team is continuing to work towards their goal to 'Increase participation in bowel cancer screening by 15% for patients aged 50 (first timers) by 31 May 2019'. To do so, they decide to test another idea from their original list of change ideas (in response to the third fundamental question) and will start a new PDSA cycle.

An example PDSA cycle for this new idea is shown below:

Idea 1: Cycle 1:

Audit and identify patients aged 49 years, 11 months and send letters to encourage participation

PLAN	DO	STUDY	ACT - NEXT PLAN	ACT - NEXT MFI
<p>What: John to identify regular patients aged 49 years, 11 months, download the NBCSP letter template, customise and post to identified patients</p> <p>Who: Practice Manager</p> <p>When: By April 10</p> <p>Where: At the Health Service</p> <p>Prediction: 50% of these patients will have an FOBT result recorded at 50 years and 2 months.</p> <p>Data to be collected: Number of regular patients aged 49 years, 11 months who will become eligible for a FOBT in one month.</p>	<p>Done - completed 8 April</p>	<p>12 letters sent</p>	<p>Identify how many of these people had an FOBT and ascertain whether the response rate was as expected, higher, or lower than predicted</p>	<p>Consider same/ similar/ different approach to establish an ongoing system to encourage first time participation</p>



MFI Example for Breast Cancer Screening

Question 1: What are we trying to accomplish?

Q1. What are we trying to accomplish?
(Goal)

Our goal is to:

Increase the percentage of Aboriginal or Torres Strait Islander women, aged between 50 and 74, who've had a breast screen mammogram in the last two years by 30% by May 2019



Question 2: How will we know that a change is an improvement?

Q2. How will we know that a change is an improvement?
(Measures)

We will measure the percentage of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status who are recorded with a mammogram performed within the last two years:

- A - The number of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status
- B - The number of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database with an active status who are recorded with a mammogram performed within the last two years
- B divided by A produces the percentage of Aboriginal or Torres Strait Islander women aged 50 to 74 on our clinical database who are recorded with a mammogram performed within the last two years



Question 3: What changes can we make that will result in improvement?

Q3. What changes can we make that will lead to an improvement?
(Ideas)

Our ideas for change:

8. Ensure all women who identify as Aboriginal or Torres Strait Islander have their status recorded in the correct field in the software
9. Liaise with private radiography providers to request a list of your Indigenous female patients who've had a mammogram
10. Check free text fields and results to identify Aboriginal or Torres Strait Islander women who have had a mammogram recently and are not coded correctly in the system
11. Ask Aboriginal or Torres Strait Islander women whether they have had a mammogram, when they had the screen and where
12. Promote mammography services using culturally appropriate resources
13. Discuss mammography services with Aboriginal or Torres Strait Islander women when they attend the Health Service
14. Source and provide endorsed patient education resources (in waiting rooms, toilets, distributed)
15. Run an awareness campaign for breast cancer awareness month

Idea 1: Cycle 1:

Ensure all women who identify as Aboriginal and/or Torres Strait Islander have their status recorded in the correct field in the software

PLAN	DO	STUDY	ACT - NEXT PLAN	ACT - NEXT MFI
<p>What: Run a search in Pen CAT to identify all women currently coded as being of Aboriginal and/or Torres Strait Islander descent</p> <p>Who: Practice Manager</p> <p>When: Friday 17th March</p> <p>Where: At the Health Service</p> <p>Prediction: We will have a small number of women who are coded as being of Aboriginal and/or Torres Strait Islander descent; only about 6</p> <p>Data to be collected: Number of women coded as being of Aboriginal and/or Torres Strait Islander descent.</p>	<p>This was a quicker process than we expected; only taking 20 minutes.</p>	<p>8 women have been recorded as Aboriginal and/or Torres Strait Islander. This is a little more than expected, however it is well below the relative number of Aboriginal and/or Torres Strait Islander women expected for this area.</p>	<p>Identify the current error rate in recording of ethnicity by asking all patients that attend through the course of one week and review results.</p>	<p>We will check free text fields and results to identify Aboriginal women that have had a mammogram recently and are not coded correctly in the system.</p>

Idea 1: Cycle 2:

Ensure all women who identify as Aboriginal or Torres Strait Islander have their status recorded in the correct field in the software

PLAN	DO	STUDY	ACT	ACT - NEXT MFI
<p>What: For one week we will ask every patient whether they identify being of Aboriginal and/or Torres Strait Islander descent and also confirm their recorded ethnicity. We will provide resources, training and support for reception staff on how to ask this question in an appropriate way.</p> <p>Who: Practice Manager and Reception Staff</p> <p>When: Week commencing 21 March 2019</p> <p>Where: At the Health Service</p> <p>Prediction: We will find some errors; however, we believe these will be immaterial in number</p> <p>Data Collected: When the staff identify a recorded error, or update missing information, they will mark it down on a tally sheet, collected by ethnicity.</p>	<p>We found quite a few resources online related to asking the question and we also put up a poster at reception. Every patient was asked and there were a couple of instances where people wanted to know why, and some people were not comfortable when asked. The Practice Manager needed to provide support on 2 instances through the week.</p>	<p>2 Aboriginal and/or Torres Strait Islander people identified where their record was coded incorrectly. On 16 other cases, ethnicity was either corrected or completed.</p> <p>18 records had ethnicity up-dated of 455 unique patients seen that week, a 3.96% error rate. While not a material percentage, an important part of the record is either missing or contains an historical error.</p>	<p>Work with reception staff to identify whether any improvements can be made to the process and re-test for another week in three weeks' time.</p>	<p>NA</p>



MFI Example for Cervical Cancer Screening

Question 1: What are we trying to accomplish?

Q1. What are we trying to accomplish?
(Goal)

Our goal is to:

Increase awareness of the importance of cervical cancer screening in under and never screened women to improve screening rates by 10% by 30 April 2019



Question 2: How will we know that a change is an improvement?

Q2. How will we know that a change is an improvement?
(Measures)

We will measure the proportion of eligible women on the clinical database, with an active status, with a cervical screening result within the required time frame:

- A - The number of eligible women recorded on the clinical database with an active status
- B - The number of eligible women recorded on the clinical database, with an active status, with a cervical screening result within the required time frame
- B divided by A will produce the proportion of eligible women on the clinical database with a cervical screening result within the required time frame

The results of this measure can be recorded at baseline and over time. The results recorded at baseline can be compared with the results at the end of April 2019 to see whether the goal has been achieved.



Question 3: What changes can we make that will result in improvement?

Q3. What changes can we make that will lead to an improvement?
(Ideas)

Our ideas for change:

Undertake awareness raising by:

1. putting up new cervical screening poster and brochures in waiting room
2. Hold an awareness week campaign, including cervical screening clinics with female GPs or women's health nurse practitioner
3. Add information to our waiting room tv regarding changes to cervical screening

Two of the ideas generated for this MFI were relatively straight forward (1 & 3) and therefore the team chose to act on these and not use a PDSA. It was expected they would contribute to achieving the goal and this could be measured over time. Idea number 2 was considered a good idea, but represented a number of challenges. The team decided to proceed with the idea and include this in the QIP to action over time. However, in the first instance the team chose to test operating a cervical screening clinic on a small scale.

**Idea 2:
 Cycle 2:**

Hold a cervical screening clinic with a female GP

PLAN	DO	STUDY	ACT	ACT - NEXT MFI
<p>What: On Wednesday 13 March, in the morning session, hold a cervical screening clinic with Dr Jones. The Practice Manager will identify 30 women who have not been screened using Pen CAT and send invitations to attend. On the morning, the team will also offer opportunistic screening to any eligible women who attend the Health Service.</p> <p>Who: Dr Jones, Practice Manager and Reception Staff</p> <p>When: Wednesday morning, 13 March 2019</p> <p>Where: At the Health Service</p> <p>Prediction: The morning will be booked out but there will be a few no shows.</p> <p>Data Collected: Number of women invited, number of women who respond and make an appointment and the number of opportunistic cervical screens that were completed.</p>	<p>Generally things went smoothly but there was a slight waiting time which caused 2 walk outs.</p>	<p>Of the 30 women invited for a cervical screen, 8 responded and made an appointment.</p> <p>Of the 8 attending, 2 walked out due to a slight wait.</p> <p>2 women who were attending for other reasons were opportunistically screened.</p> <p>A change to improve workflow through better preparation was suggested by the nurse.</p>	<p>It was decided to repeat the test and make the change suggested to workflow.</p>	<p>NA</p>