

2018/19 Cancer Screening Toolkit for Quality Improvement Plans (QIPs)

Adding Cancer Screening Measures to the QIP Workplan

Objective: This document is intended to help primary care teams develop the sections of their QIPs related to cancer screening.

How to use this document: This document describes the main steps involved in adding an indicator to the QIP Workplan using Health Quality Ontario's (HQO's) QIP Navigator tool (accessed at qipnavigator.hqontario.ca). At each step, this document provides tips, suggestions and links to resources to help you complete indicators for cancer screening.

Note: For the 2017/18 QIP cycle, colorectal cancer screening and cervical cancer screening have been changed to "additional indicators" in [HQO's Indicator Technical Specifications](#). Indicators for breast cancer screening have not been defined in the technical specifications document and will not be addressed in this document.

Adding Cancer Screening Indicators to the QIP

1. Access the QIP Workplan and Add a New Measure

- In the QIP Navigator, in the fiscal 2018/19 submission, select **WORKPLAN**.
- At the bottom of the **Effective** dimension, click **Add New Measure**.
- A pop-up window titled **Measure** will appear and allow the user to enter information.

2. Choose a Measure / Indicator

- All indicators and descriptions are from [HQO's Indicator Technical Specifications](#) (pages 44 to 52).
- Cervical and colorectal cancer screening are no longer priority indicators.
- HQO has provided two possible indicators each for cervical and colorectal cancer screening:
 - a. An indicator that is consistent with the indicator used in previous years; and
 - b. An indicator that is intended to match data that is reported in Cancer Care Ontario's Screening Activity Report (SAR).
- Primary care teams that wish to include cancer screening indicators in their QIPs **should only choose ONE of the two possible indicators** (each option is described in the table below).
- HQO has changed its indicators to better align with data reported in the SAR, but **there are some slight differences**. The table below summarizes these differences, and recommendations are provided on how to more fully align the indicators with SAR data.

	a. HQO's previous indicator	b. HQO's new SAR-aligned indicator	
Cervical cancer screening	<p>Percentage of screening eligible patients up-to-date with cervical cancer screening</p> <p>Description: Percentage of women aged 21-69 who had a Papanicolaou (Pap) smear within the past three years</p>	<p>Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period</p> <p>Description: Percentage of Ontario screen-eligible women, 21-69 years old, who completed at least one Pap test in 42-month period</p>	<p>HQO indicators vs. SAR data:</p> <ul style="list-style-type: none"> • The SAR reports the percentage of enrolled and eligible patients who have completed a Pap test in the past 36 months (3 years), rather than in the past 42 months • Using the SAR for indicator "b" will require manual calculations using the cervical cancer screening report to look up women who have completed a Pap test over a 42-month period
Colorectal cancer screening	<p>Percentage of screening eligible patients up-to-date with colorectal cancer screening</p> <p>Description: Percentage of screen eligible patients aged 50 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) within the past 10 years or a colonoscopy within the past 10 years)</p>	<p>Percentage of eligible patients overdue for colorectal cancer screening</p> <p>Description: Percentage of Ontario screen-eligible individuals, 50-74 years old, who were overdue for colorectal screening in each calendar year</p>	<p>HQO indicators vs. SAR data:</p> <ul style="list-style-type: none"> • The SAR reports the percentage of enrolled and eligible patients who have had FOBT, colonoscopy or flexible sigmoidoscopy and are up-to-date with screening • Although the SAR includes the number of patients who fall into the "overdue for screening" category, it does not report this information as a percentage • The SAR identifies patients as up-to-date with screening if they had a flexible sigmoidoscopy in the past 5 years, but the HQO indicators define up-to-date with flexible sigmoidoscopy as 10 years to align with recent changes to the colorectal cancer screening guidelines

Recommendations for Primary Care Teams Using the SAR for their QIP Indicators

- **For cervical cancer screening:**
 - Use the previous HQO indicator for cervical cancer screening: "Percentage of screening eligible patients up-to-date with cervical cancer screening" (indicator "a").
- **For colorectal cancer screening:**
 - Use the previous HQO indicator for colorectal cancer screening: "Percentage of screening eligible patients up-to-date with colorectal cancer screening" (indicator "a").
 - Modify the indicator to identify people as up-to-date with screening if they completed a flexible sigmoidoscopy in the past five years **OR** manually count people who completed a flexible sigmoidoscopy in the past 10 years using the colorectal cancer screening report in the SAR.
- Refer to [HQO's Indicator Technical Specifications](#) (pages 44 to 52) for guidance on how to complete all the other required fields (e.g., Unit of Measure, Population, Data Source).

3. Determine Current Performance

- After choosing cancer screening indicators, the next step is to determine your primary care team’s current performance on the indicators.
- The table below focuses on the SAR and electronic medical records (EMRs), but a variety of additional data sources can be used to assess cancer screening performance, including the Primary Care Practice Report (Health Quality Ontario) and the Preventive Care Target Population / Service Report (Ministry of Health and Long-Term Care).

Tips for determining current performance	Supports available
<ul style="list-style-type: none"> • If using the SAR to determine current cancer screening performance, you can view the chart provided on the right side of the Dashboard to get the physician’s current screening rates. See Section 2 to ensure that the SAR data aligns with the indicator you have chosen for cancer screening. • Your EMR can also be used to calculate screening performance by creating customized reports of the number of patients who are due for screening and calculating this number as proportion of the entire eligible patient population. <ul style="list-style-type: none"> ○ Most EMR systems in Ontario have built-in functionality to support this calculation. ○ Cancer Care Ontario has developed a suite of training and tools that help primary care teams optimize the use of EMRs to support cancer screening. • Note that certain criteria that make patients ineligible for cancer screening may not be captured in the SAR or your EMR. Examples include patients who have had surgeries (hysterectomy, colectomy) performed outside of Ontario, who have no history of sexual activity (for cervical screening) or who are undergoing treatment for cancer. <ul style="list-style-type: none"> ○ Be sure to account for these criteria in your calculations to ensure that your team’s current screening performance is accurately captured. 	<ul style="list-style-type: none"> • Learn more about the SAR and how to register to access the report by visiting cancercare.on.ca/SAR • Access Cancer Care Ontario’s EMR Optimization for Cancer Screening training and tools by registering a free account at elearning.cancercare.on.ca • Learn more about Cancer Care Ontario’s cancer screening guidelines and recommendations at cancercare.on.ca/pcresources or register for free, online, Mainpro+ certified E-Learning courses at elearning.cancercare.on.ca

- If you have not previously reported your team’s performance on this indicator, click the **Collecting Baseline** option.

4. Establish Performance Targets

Performance targets are influenced by a number of factors. You may wish to answer the following questions when preparing to set a target:

- What is a realistic, achievable performance improvement goal for the team over the next year?
- What work will be involved in making an improvement and how committed is the team to dedicating the necessary leadership, time and resources?
- How does the team currently compare to other, similar teams in the region or province?
- Do benchmarks, standards or provincial targets exist for this indicator?

Tips for establishing performance targets	Supports available
<ul style="list-style-type: none"> • Your targets should always be an improvement over your current performance. For example, a higher percentage of patients up-to-date with screening or a smaller percentage of patients overdue for screening. • Consider achievable targets based on the work that will be involved in making the improvement. <ul style="list-style-type: none"> ○ For example, if you have 1,000 patients eligible for cervical cancer screening and you want to improve your screening participation rate by 1 percentage point, you will need to screen 10 additional patients (on top of the average annual number) over the next year. ○ You must consider the feasibility of adding an extra 10 Pap test appointments to the team’s yearly workload to determine whether the target is achievable. • You may find it helpful to look at provincial or regional cancer screening rates to assess your team’s relative performance and determine where to set your performance target. There are a number of sources of information on provincial and regional cancer screening performance. • Some cancer screening programs have also set provincial targets for cancer screening participation. You may also want to align your targets to those of the province. • The rationale used to set your target can be recorded in the Target Justification field in the QIP Navigator tool. 	<ul style="list-style-type: none"> • The SAR provides current screening performance comparisons between the physician, the Local Health Integration Network (LHIN) and Ontario on the Dashboard: cancercare.on.ca/SAR • Download the 2016 Ontario Cancer Screening Performance Report for detailed information on provincial and regional screening performance • Additional provincial and regional cancer screening indicators, as well as provincial targets, can be found on the Cancer System Quality Index 2016 website (click By LHIN in the Quality Index menu at the top of the page to view indicators and targets at the LHIN level)

- When you have added all the necessary information, click **SAVE & CLOSE** to close the **Measure** window. The **New Measure** has now been added to the QIP Workplan.

For information and tips on possible change ideas for cancer screening, read this toolkit’s companion document:

[Change Ideas for Cancer Screening Measures](#)

For more information and resources

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