

Utilizing Learnings from the Cervical Screening Reminder Calls Pilot for Spread

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Purpose

- Describe the Cervical Screening Reminder Calls (CSRC) Pilot
- Summarize the pilot results
- Share takeaways and key learnings

What is Cancer Care Ontario?

- Provincial government's primary advisor on cancer care
- Grounded in evidence and research
- Directs and oversees funding for hospitals and other providers to deliver high-quality, timely services and improved access to care
- **Primary Care Cancer Screening:** to develop and spread provider resources to increase cancer screening participation and follow up



CSRC Pilot

EMR Training



Data standardization

Creating reports

Setting up EMR reminders for screening

Establishing cancer screening workflows

Phone Calls



Vetted call lists

Record reconciliation

Call scripts

Call tracking log

Screening



Patients book Pap test appointments

Evaluation



EMR training effectiveness

Intervention proof of concept

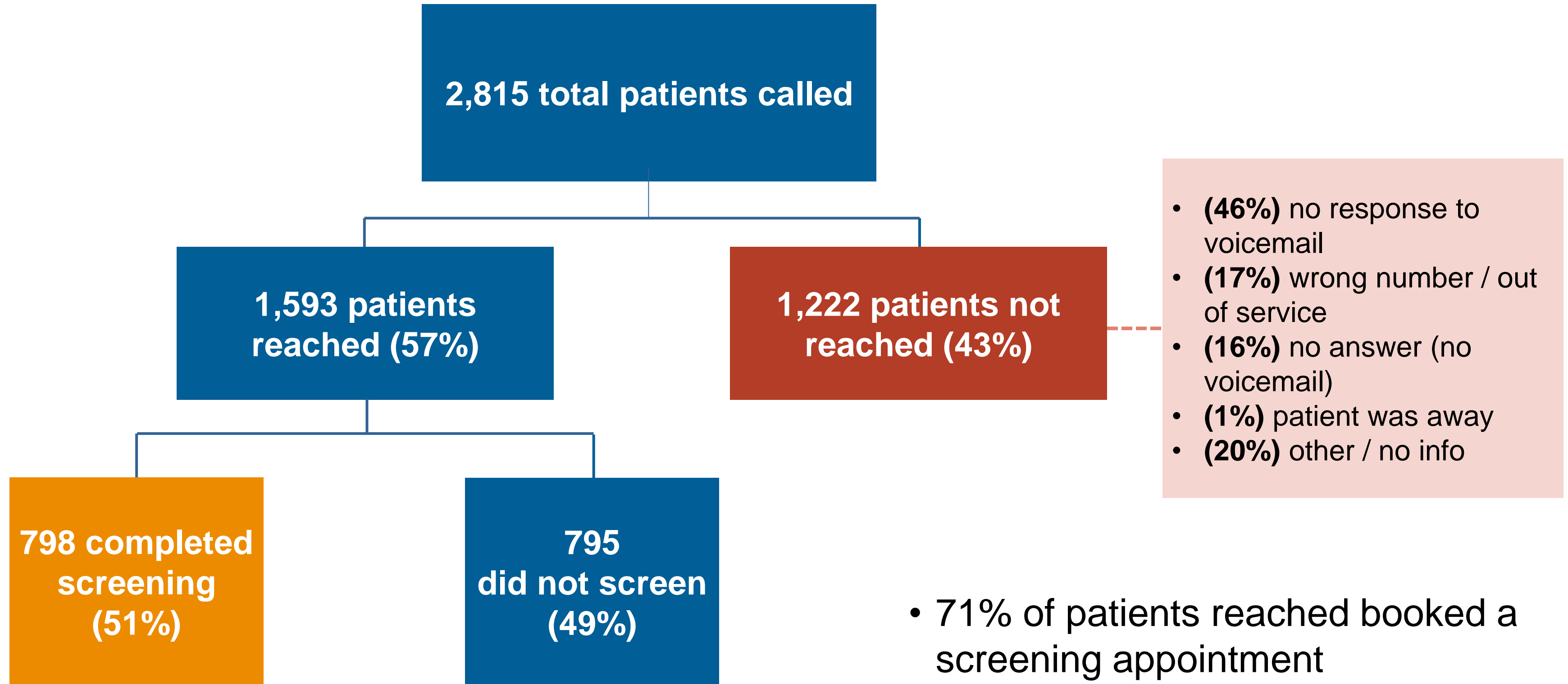
Spread and sustainability

Impact on cancer screening

Pilot Participants

Practice Type	Number of Practices Participating in the Pilot	Split Between Urban / Rural Location
Large Group Practices (6 or more physicians)	4 of 12	3 urban / 1 rural
Small Group Practices (2 to 5 physicians)	6 of 12	2 urban / 4 rural
Solo Practices (1 physician)	2 of 12	2 urban / 0 rural

CSRC Results by the Numbers



- 71% of patients reached booked a screening appointment
- 51% of patients reached were screened during the 4-month pilot

High-Level Evaluation Findings

Evaluation Feedback Received from all Pilot Sites:

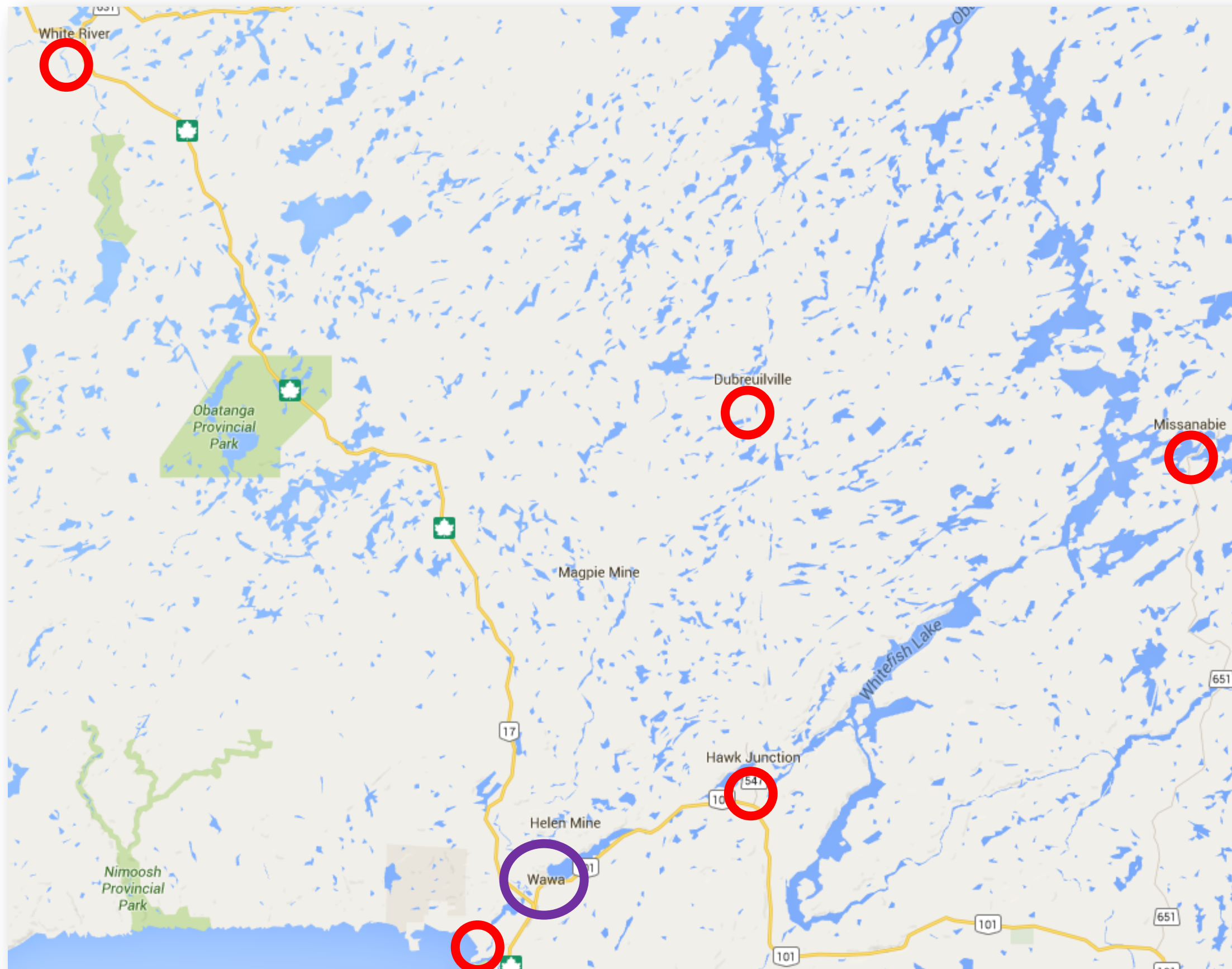
- EMR training was useful, straightforward and easy to follow
- EMR training provided staff with concrete ideas on how to improve EMR use
- Pilot tools helped simplify the process (i.e., call scripts, call tracking tools)
- Phone calls seen to be more efficient and effective than other outreach methods
- **Pilot required more work, but the results were worth it!**

Replication and Spread: Wawa Family Health Team

- Family health team located in Wawa, ON; incorporated since 2007
- Team includes:
 - 5 MDs
 - 2 NPs
 - 3 RNs
 - 7 Admin Staff
- Serves approx. 5,000 people over large geographical catchment area

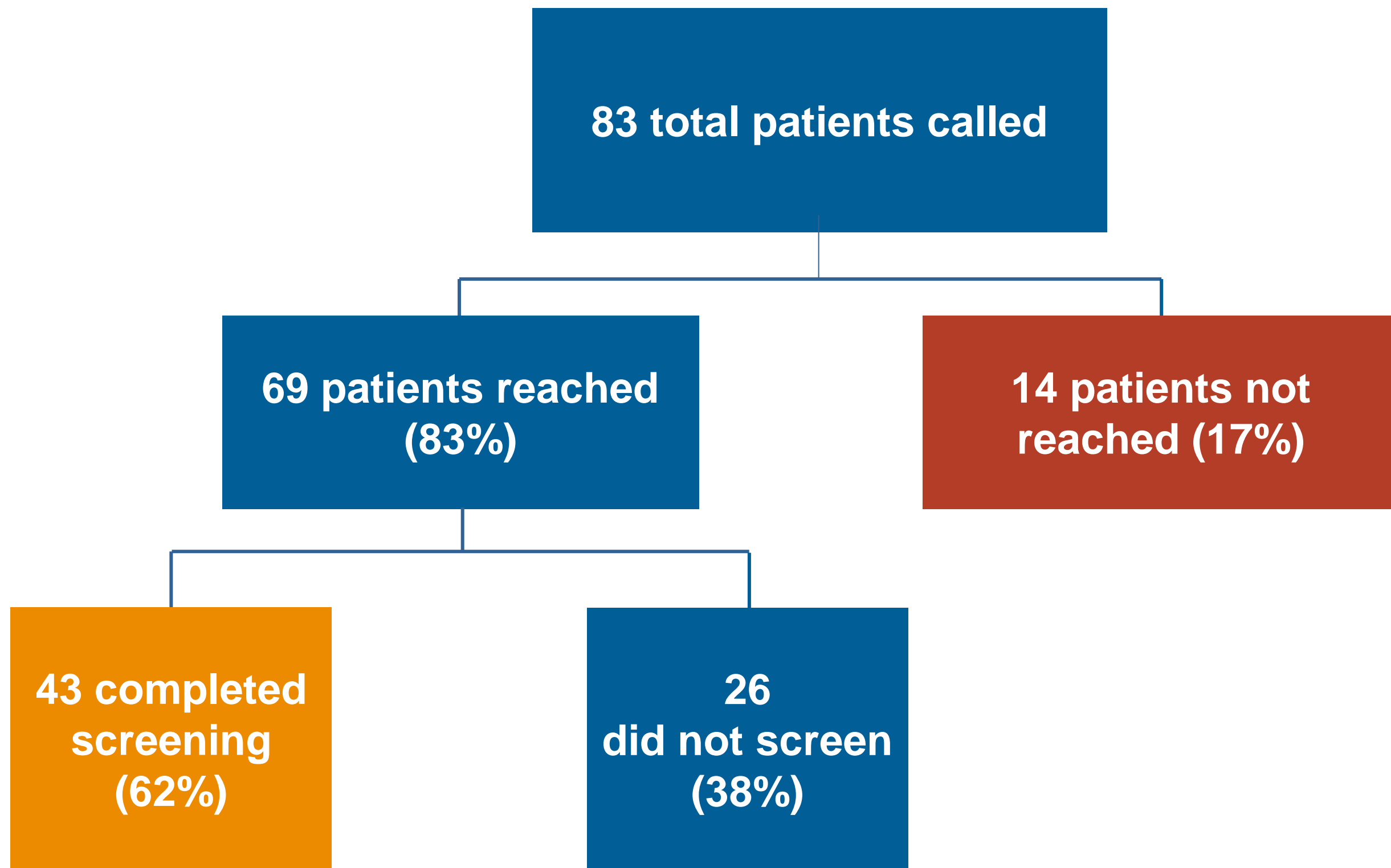


Pilot Overview and Process



- Dedicated Project Team:
 - Medical secretary: phone calls
 - Medical secretary: EMR support
 - 1 NP, 1 RN: Pap test appointments
 - Executive director: project management
 - Regional lead: project facilitator
- Staff completed Accuro EMR training
- Revised EMR queries and created a report for patients due for cervical screening
- Screening status verified through provincial lab database (OLIS)
- Phone calls made to patients of 1 physician Friday afternoons, Feb–Mar
 - Approx. 6–7 calls per hour on average
 - All calls made during daytime hours

Results



- 2 patients who have never been screened received Pap tests
- 2 Pap tests found abnormal results during the pilot

Pilot Challenges and Success Factors



Challenges:

- Numerous missing EMR records
- EMR queries missing important criteria
- Language barrier with some patients

Success Factors:

- Access to provincial data sources to verify records
- Capacity to offer appointments with female clinicians
- Medical secretary had strong knowledge of cancer screening guidelines

Final Takeaways from CSRC Pilot



- Simplify work by making small improvements in the EMR
 - Creating new data standards for no screening or high risk screening
 - Revising search criteria so all test results are captured
- Assign staff, and set objectives and timelines for patient outreach
- Use tools to support phone calls and tracking

Supports Available

Cancer Screening Resources Available to Primary Care Providers



- Free, Accredited E-Learning Courses
- Cancer Screening Mobile App
- Cancer Screening Guidelines and Evidence Summaries
- Resources for Newcomers / Immigrants
- Quality Improvement Plan Toolkit
- Screening Activity Report (Ontario only)

Thank You!

- You've been a fantastic audience!
- I mean it!

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