

## Cancer Screening Booking and Billing: Detailed Instructions for your Primary Care Practice

For additional information regarding the programs below, visit the [Ontario Health –Cancer Care Ontario Screening Resources for Healthcare Providers](#) and [Primary Care Quality Improvement Toolkits](#). The Erie St. Clair Regional Cancer Program team is available to support you in all of your screening efforts. Below is a summary of the provincial cancer screening programs:

	Cervical (OCSP)	Breast (OBSP)	Colorectal (CCC)
<b>Target age:</b>	<ul style="list-style-type: none"> <li>25* - 70 years old</li> <li><i>*The starting age has been increased from 21 to 25 based on <a href="#">available evidence</a>.</i></li> </ul>	<ul style="list-style-type: none"> <li>40 – 74 years old</li> </ul>	<ul style="list-style-type: none"> <li>50* – 74 years old</li> <li><b>*High risk:</b> Or 10 years earlier than the age their relative was diagnosed with colorectal cancer, whichever comes first.</li> </ul>
<b>Ineligible (excluded) patients include:</b>	<ul style="list-style-type: none"> <li>Previous history of cervical cancer</li> <li>No cervix</li> <li>Individuals that are not sexually active (present or past) should delay cervical screening until they become sexually active</li> </ul>	<ul style="list-style-type: none"> <li>Previous history of breast cancer</li> <li>Completed a screening mammogram within the last 11 months</li> <li>Experiencing acute breast symptoms such as swelling, sharp pain, lumps, redness etc.</li> <li>Previous mastectomy</li> </ul>	<ul style="list-style-type: none"> <li>Previous history of colorectal cancer</li> <li>History of precancerous colorectal polyps requiring surveillance or inflammatory bowel disease (e.g. Crohn’s or ulcerative colitis)</li> <li>Experiencing symptoms of colorectal cancer (e.g., unexplained weight loss, changes in bowel movement, blood in stool, stomach discomfort, anemia, feeling that bowel does not empty all the way)</li> </ul>
<b>Eligible patients include:</b>	<ul style="list-style-type: none"> <li>Anyone within the target age with a cervix who is <i>currently</i> sexually active* (including transgender men that retained their cervix)</li> <li>Anyone within the target age that has been sexually active <i>in the past</i></li> </ul> <p><i>*Sexual activity refers to intercourse (sex), digital (using fingers) and/or oral (using mouth) sexual activity involving the genital area with a partner of any sex</i></p>	<p><b>Average risk:</b></p> <ul style="list-style-type: none"> <li>Any individual within the target age (40-74 years old)</li> </ul> <p><b>High risk:</b></p> <ul style="list-style-type: none"> <li>Individuals 30-69 years old identified as high risk must have a physician referral, valid OHIP number, no acute breast symptoms and fall into either Category A (personal or family history) or Category B (genetic assessment) <a href="#">Ontario Breast Screening Program (OBSP)</a>.</li> </ul>	<p><b>Average risk:</b></p> <ul style="list-style-type: none"> <li>No first-degree relative (parent, brother, sister or child) who has been diagnosed with colorectal cancer</li> </ul> <p><b>High risk:</b></p> <ul style="list-style-type: none"> <li>One or more first-degree relatives (parent, brother, sister or child) diagnosed with colorectal cancer</li> </ul>
<b>Screening test(s) and frequency:</b>	<p>HPV test with automatic Reflex cytology if HPV-Positive result.</p> <ul style="list-style-type: none"> <li>Every 5 years for Immunocompetent, every 3 years for immunocompromised.</li> <li>Please refer to OCSP guidelines for repeat testing at 2-year cases.</li> <li>Ages 25-69 or 74 (Refer to OCSP).</li> </ul>	<p><b>Average risk:</b></p> <ul style="list-style-type: none"> <li>Mammogram</li> <li>Every two years</li> </ul> <p><b>High risk:</b></p> <ul style="list-style-type: none"> <li>Individuals 30-69 years old, mammogram and MRI annually</li> </ul>	<p><b>Average risk:</b></p> <ul style="list-style-type: none"> <li>Fecal Immunochemical Test (FIT)</li> <li>Every 2 years</li> </ul> <p><b>High risk:</b></p> <ul style="list-style-type: none"> <li>Colonoscopy</li> <li>Every 5 years (if first-degree relative was diagnosed before age 60)</li> <li>Every 10 years (if first-degree relative was diagnosed after age 60)</li> </ul>

### Screening Performance in the Erie St. Clair Region (i.e., Windsor-Essex, Chatham-Kent, Sarnia-Lambton)

Below is the percentage of eligible, rostered patients in our region that are up-to-date on screening for each program. The goal is for each practice to reach the 2024-25 targets set out by Ontario Health – Cancer Care Ontario.

	Cervical (OCSP)	Breast (OBSP)	Colorectal (CCC)
<b>As of March 31, 2024</b>	61%	61%	69%
<b>2024-25 OH-CCO Target</b>	85%	70%	70%

### Ideas for Increasing Cancer Screening in your Practice

- Sign up for [Physician-Linked Correspondence](#) to ensure your patients receive cancer screening reminder letters with your name and practice information included. This has been shown to increase patient screening participation.
- Review the accuracy of your **EMR data** (*refer to detailed instructions provided below*).
- Review your [Screening Activity Report \(SAR\)](#) and [MyPractice Primary Care Report](#) monthly (*refer to detailed instructions provided below*).
- Consider sending patients to the Rapid Assessment and Management Program (RAAMP) in Windsor-Essex if you do not have capacity to complete routine cancer screening or if the patient requires a female provider to complete a Pap test. Visit [www.raamp.ca](http://www.raamp.ca) to learn more.
- Consider hosting a **Cancer Screening Nursing Student** specially trained by the Erie St. Clair Regional Cancer Program to review eligible patients in your EMR and SAR, book screening tests and support follow-up (192 hours of free support available per semester).

### EMR Screening Data Review: Detailed Instructions

Data accuracy is key to identifying eligible patients for cervical, breast and colorectal cancer screening. If you realize your EMR data is not a true reflection of your practice and patients, take these steps to improve your data quality:

- Designate a member of your staff to lead the monthly review of patients due/overdue for cancer screening
- Review how using the i4C Dashboard can assist you with identifying patients who are due or overdue for screening
- Ensure each cancer screening test and follow-up of abnormal results is documented in the patient's EMR chart to be able to track test frequency and effectively schedule screening recall
- Each time a patient is booking an appointment, check the EMR to see if cancer screening education and/or a Pap test can be added to their upcoming appointment (if they are due or overdue)

Below are detailed instructions for reviewing cancer screening information in QHR Accuro, Telus PS Suite and Oscar Pro EMRs:

#### QHR Accuro

- Press and release the Alt key, type "Prevent" in the Search Field, click on "Cumulative Preventive Care Bonus".

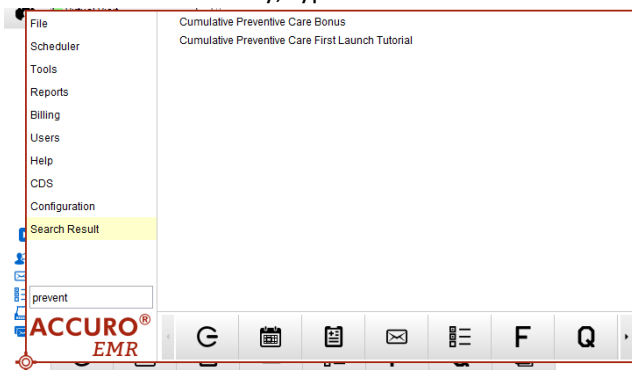



Figure 1: Searching for the Cumulative Preventive Care Bonus

- Select  to create a new profile and enter a name for your profile. Click OK
- Click Create Default. (Create Blank will not have any mapping)

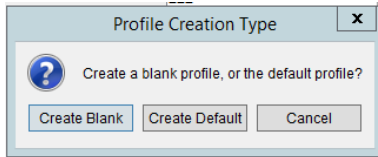


Figure 2: Choose Create Default to use default mapping to preventive care codes.

- Locate your profile name, highlight, and click Load.
- In each preventive screening tab, you can review what are “Included and Excluded Services”.
- Ensure the correct provider is select at the bottom left. Click Generate Report.

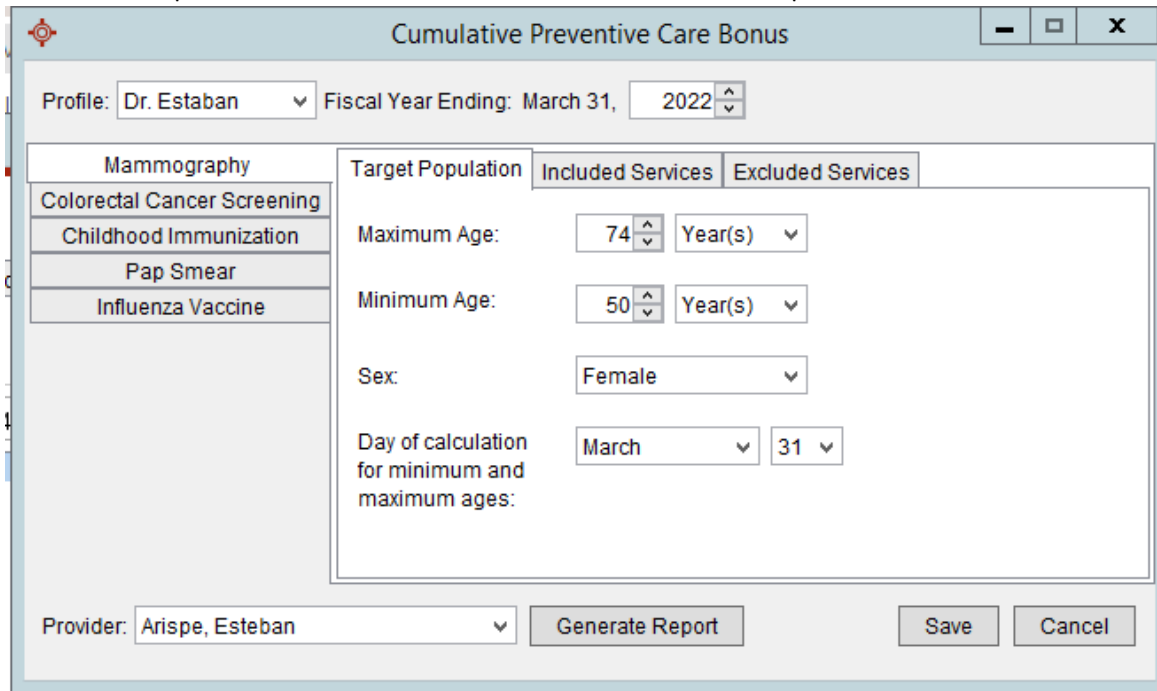


Figure 3: Select the correct provider, view included and excluded services, generate report

- The report that generates allows you to view your percentages and patients in each preventive screening category.

Category	Compliance Rate	Service Code	Required Rate
Influenza Vaccine	1% (1/110)	Q100A	60%
		Q101A	65%
		Q102A	70%
		Q103A	75%
Pap Smear	22% (21/101)	Q105A	60%
		Q106A	65%
		Q107A	70%
		Q108A	75%
Mammography	5% (3/64)	Q110A	55%
		Q111A	60%
		Q112A	65%
		Q113A	70%
Childhood Immunization	0% (0/10)	Q115A	85%
		Q116A	90%
		Q117A	95%
Colorectal Cancer Screening	5% (5/107)	Q118A	15%
		Q119A	20%
		Q120A	40%
		Q121A	50%
		Q122A	60%
		Q123A	70%

Current Roster Size: 301 Minimum Roster Size: 650 (450 for new graduates in their first year of practice)

Figure 4: View percentages and patient lists for Preventive Screening

**TELUS PSS**

- In the Records window, choose Patient > Preventive Care Summary Report

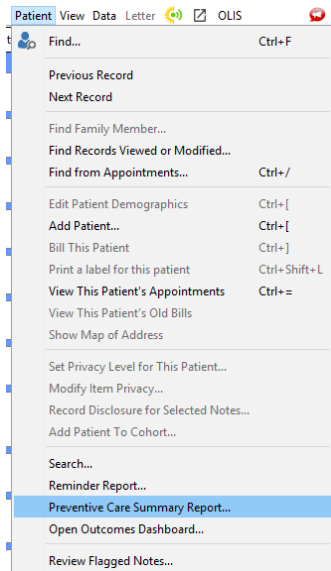


Figure 1: In Records open Preventive Care Summary Report

- In the Year End field, choose the end date for the year for which you want to see data.
- Choose the doctor(s) whose patients you want to include in the report.
- By default, only rostered patients are selected. Uncheck if you wish to view all patients.
- Click OK

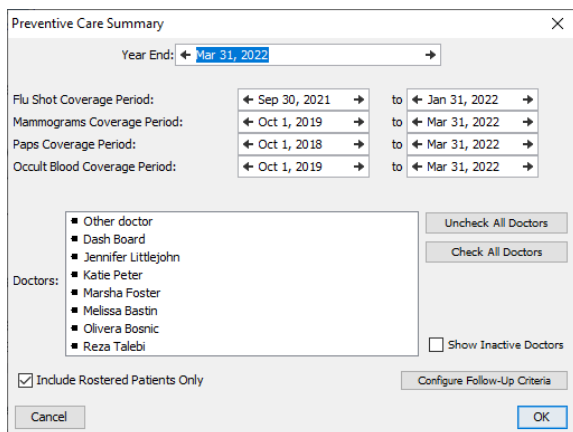


Figure 2: Choose year end date, doctor(s) to generate report.

- Report can be printed, or you can double click a number in the report to see a list of all active patients that meet those criteria.

	Popula...	Exclu...	Done	Not D...	%	Needs First Letter	Needs Second Letter	Needs Phone Call
<b>Dash Board:</b>								
Mammograms	27	1	11	15	42.3	15	0	0
Flu Shots	33	0	0	33	0	33		
Immunizations	2	0	2	0	100	0	0	0
Paps	37	2	16	19	45.7	19	0	0
Stool Occult Blood	55	12	7	36	16.3	36	0	0

This report is designed to help with calculating Preventive Care Screening Bonuses for enrolled patients. It is not meant to determine all patients who clinically should be screened. A detailed explanation of how this report functions including relevant exclusions can be found in the user manual. Reminders and the Reminder Report should be used to find all patients who clinically need to be screened.

Figure 3: Report can be printed or used to view patient lists.

## OSCAR Pro

- From the main menu in the appointment screen in OSCAR, select **Report**.



Figure 1: Ribbon found at the top of your screen in OSCAR

- From the Report List, select **Demographic Report Tool**

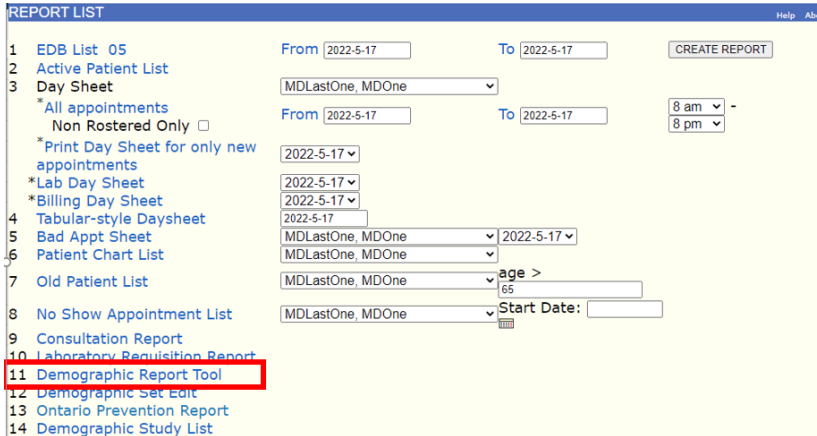


Figure 2: Report List highlighting the Demographic Report Tool

- In the window, select the following items that will be used as the criteria for creating a **patient set** to be used with the Ontario Prevention Report.
- The Ontario Prevention Report has a pre-defined default format for patient demographic information, however in order to save a patient set, at least one item in the **Search For** column must be selected (e.g., Demographic #).
- In the **Where** section, select:
  - ages between** from the dropdown and enter the age range for the particular preventive screening (as per preventive screening guideline)
  - As of** and enter the end of the reporting period (e.g., 2023-03-31)
  - RO** to identify Rostered patients (optional).
  - MRP** to identify the physician for whom the report will be created.
  - AC** to identify Active patients.
- Enter a name for the patient set and click on the **Save Query** button.

Figure 3 Highlighting selections to create a Patient Set

- Follow the procedures above to create a separate patient set for each prevention type and for each physician.
- From the main menu in the appointment screen in OSCAR, select **Reports**.

- From the Report List, select **Ontario Prevention Report**.

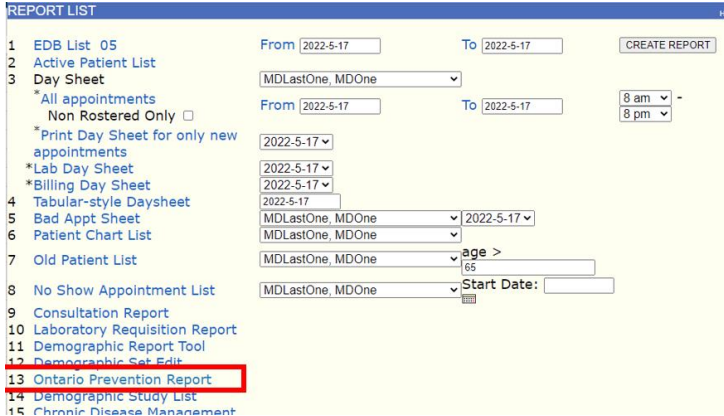


Figure 4: Report list highlighting Ontario Prevention Report

- From the **Patient Set** dropdown, select the name of the patient set you created previously.
- Select the appropriate prevention from the **Prevention Query** dropdown
- Enter the **As of** date. (e.g., 2023-03-31)
- Click on the **Submit** button to generate the report.

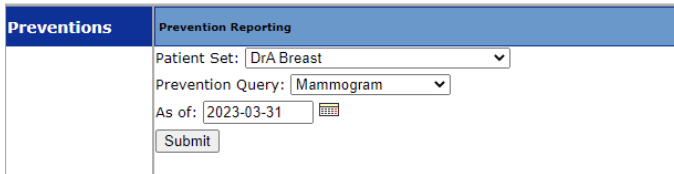


Figure 5: Selections to create an Ontario Prevention Report

- The list of patients and their prevention status appears with each one colour coded as follows:



Figure 6: Colour Coding of Patient Status

- You may sort the **Ontario Preventions Report** by **status** to obtain a list of patients who require follow-up – patients overdue for screening.

Total patients: 19 Ineligible: 3		Up to Date: 0 = 0 %		84		Select Contact Method		Save Contacts											
DemoNo	DOB	Age as of 2023-03-31	Sex	Lastname	Firstname	HIN	Phone	Email	Address	Next Appt.	Status	Bonus Stat	Since Last Procedure Date	Last Procedure Date	Last Contact Method	Next Contact Method	Select Contact	Roster Physician	Bill
16	1087	1952-06-15	70 years	F	ELDER	JUNE		905-	ON		Up to date	N	30 months	2020-09-15 00:00	----	L1	<input type="checkbox"/>	John, Smith	
15	1093	1965-06-09	57 years	F	KROY	WENDY	1213141524	705-888-0987	v.kroy@noemail.com	1234 Backwards Road Havenstock ON K1T 1I1	Refused	N	55 months	----	----	----	<input type="checkbox"/>	John, Smith	<input checked="" type="checkbox"/>
14	837	1964-11-15	58 years	F	Akkerman	Raquel	2936548185pf			OT	Refused	N	27 months	----	----	----	<input type="checkbox"/>	John, Smith	<input checked="" type="checkbox"/>
13	1110	1967-01-01	56 years	F	DASHI	CAROL		905-	ON		Overdue	N	68 months	2017-07-20 00:00	----	L1	<input type="checkbox"/>	John, Smith	
12	1104	1957-03-28	66 years	F	JOHNSON	SANDRA	999999997	905-987-4392	sandyj@noemail.com	182 Idont road Toronto ON N1K1J1	Overdue	N	45 months	2019-06-03 00:00	----	L1	<input type="checkbox"/>	John, Smith	
10	1085	1951-11-27	71 years	F	Markle	Meghan		613-220-8549		123 Easy St Wellington ON K0G1K0	Overdue	N	109 months	2014-02-19 00:00	----	L1	<input type="checkbox"/>	John, Smith	
9	1128	1952-06-15	70 years	F	HUNTER	CHARLOTTE		905-333-3333		ON	No Info	N	-----	-----	----	L1	<input type="checkbox"/>	John, Smith	
8	1130	1963-11-07	59 years	F	VAIG	NANCY		905-		2795 Lyons Ave Toronto ON M0N3W2	No Info	N	-----	-----	----	L1	<input type="checkbox"/>	John, Smith	

Figure 7: Ontario Preventions Report

## Screening Activity Report: Detailed Instructions

The [Screening Activity Report \(SAR\)](#) is:

- an online tool provided by Ontario Health-Cancer Care Ontario
- available to Primary Care Physicians (PCPs) with rostered patients
- an easy way to review rostered patient’s breast, cervical and colorectal cancer screening/follow-up needs
- meant to supplement the EMR by providing a snapshot of patient screening needs

Nurse Practitioner (NP)-Led Clinics do not have access to the SAR and have established other methods to track cancer screening. To sign-up for the SA, SAR support, or NP-Led Clinic tracking processes, contact [cristina.taranto@wrh.on.ca](mailto:cristina.taranto@wrh.on.ca). SAR data is refreshed on the 10<sup>th</sup> of each month and can be downloaded as an excel file. Click [here](#) to view SAR training videos or search SAR support on youtube. Below is a sample SAR report:

Physician Level Summary	Breast Screening	Cervical Screening	Colorectal Screening
Total eligible individuals	<u>13</u>	<u>14</u>	<u>23</u>
Total excluded individuals (due to previous cancer, surgery, or OBSP high risk)	8	4	3
<b>Action required</b>	<u>4</u>	<u>6</u>	<u>12</u>
Abnormal screen, follow-up needed	<u>2</u>	<u>3</u>	<u>2</u>
Invalid result, retest required	N/A	<u>1</u>	<u>2</u>
Overdue for screening	<u>2</u>	<u>2</u>	<u>8</u>
<b>Due for screening ≤ 6 months</b>	<u>2</u>	<u>2</u>	<u>2</u>
<b>Physician review required</b>	<u>4</u>	<u>5</u>	<u>7</u>
Colonoscopy in the last 10 years or Flexible Sigmoidoscopy in the last 5 years	N/A	N/A	<u>3</u>
Review patient history	<u>2</u>	<u>3</u>	<u>2</u>
Abnormal screen, follow-up underway or completed	<u>2</u>	<u>2</u>	<u>2</u>
<b>No screening action required: normal screen</b>	<u>2</u>	<u>1</u>	<u>2</u>

Note: Data is reported as of the cut-off date. Recent screening and assessment activities may not be included due to data lag.

Clicking on the underlined numbers in the chart above leads to patient-level information.

## MyPractice Primary Care Report: Detailed Instructions

Learn even more about your practice by signing up for the confidential [MyPractice Primary Care Report](#) which includes:

- Practice, regional and provincial-level data so you can see your care patterns, in relation to your peers
- Data about your opioid prescribing patterns along with data on how your patients are doing with **cancer screenings** and diabetes management, and how they’re using other health services, like emergency departments
- Suggestions and resources alongside your data so you can spend less time looking for solutions that may already exist and more time helping your patients

Click [here](#) to sign-up or visit [www.hqontario.ca](http://www.hqontario.ca) and search for *MyPractice Primary Care Report*. Reports are refreshed with new data four times a year (June, September, December, March). For guidance on reviewing your report, contact Dr. Braedon Hendy, Regional Cancer Screening Primary Care Lead ([braedonhendy@gmail.com](mailto:braedonhendy@gmail.com)).