A TOOL FOR HEALTH CARE PROFESSIONALS

Improving cancer screening rates in your practice and reducing related disparities

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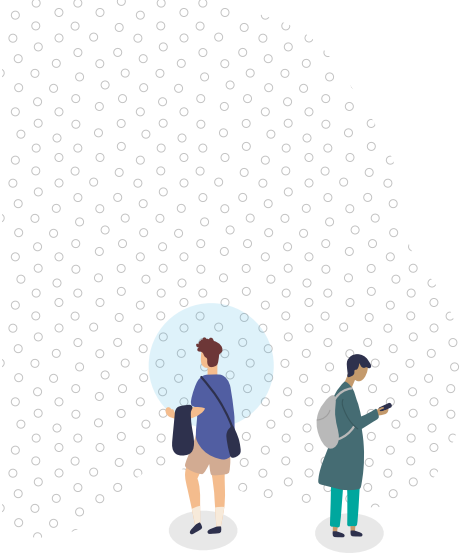
ABOUT THIS DOCUMENT:

Primary care plays a central role in cancer screening. We created this practical toolkit to help primary care providers to improve cancer screening rates in their practices and reduce related disparities, based on our own research and findings from the literature. We hope you find this toolkit helpful.



SECTION 1

UNDERSTANDING YOUR PRACTICE'S SCREENING RATES

To be able to reach out to patients overdue for cancer screening and ensure that all patient groups in your practice are being appropriately screened, **you first must be able to get an accurate and up-to-date assessment of screening rates within your practice.**

HOW CAN I DO THIS?

You can use the Screening Activity Report (SAR), an online tool designed by Cancer Care Ontario (CCO). It supports patient enrolment model primary care physicians in improving their cancer screening rates by providing current information on screening-related activity. The SAR includes the screening status of your enrolled and screen-eligible patients, and the data are updated monthly.

However, the SAR might not contain all screening information for all patients. For example, Pap tests that are performed in a hospital setting are not captured in the SAR. A combination of the SAR and your EMR will give you the most comprehensive and accurate information on your patients.

preparation checklist

- ☐ Does your practice have a staff member who can access or be trained to access Cancer Care Ontario's Screening Activity Report (SAR)?
- ☐ Have all physicians in your practice assigned this individual as the data delegate?
- ☐ Does your electronic medical record (EMR) systematically document your patients' cancer screening?

KEY STEPS FOR USING THE SCREENING ACTIVITY REPORT (SAR)

1. **Designate** a data delegate who will access the SAR for physicians in your practice
2. **Download** the monthly SAR for all physicians in your practice (the SAR reports can be exported to Microsoft Excel).
3. **Merge** the various SAR sheets into one master data list.
4. **Prepare** an EMR extract that details your patients' screening status (this extract could be based on searchable fields in your EMR or on OHIP tracking, billing and exclusion codes, if they are used accurately).
5. **Merge** data from the EMR extract with the CCO SAR file (this merge can be done with software such as SAS or Microsoft Excel).
6. This merged data set now provides you with an accurate picture of your practice's screening rates. **Use this to guide your practice's outreach** to patients who are overdue for screening.

SECTION 2

REACHING OUT TO PATIENTS WHO ARE OVERDUE FOR SCREENING

Proactively reaching out to patients who are overdue for screening provides an opportunity for primary care providers **to connect with patients who visit the clinic infrequently and advise them about the importance of regular screening.**

HOW CAN I DO THIS?

Outreach can take many forms including:

- letters
- manual phone calls
- automated phone calls
- electronic communication (e.g. email, SMS text messages or the patient portal).

However, there are many considerations when choosing your outreach method. The following page goes over some factors to think about when planning your outreach.

preparation checklist

- ☐ What budget or resources can you devote to outreach?
- ☐ What contact information do you have for patients that you believe is most accurate?
- ☐ How do you think your patients would prefer to hear from you?

WHEN DECIDING ON YOUR OUTREACH METHOD, THINK ABOUT...

Cost

Using a mail merge function makes letter preparation efficient but the cost of stamps and materials can quickly add up. Manual phone calls are a good option if you have administrative staff, part-time students or volunteers who can incorporate the work into their daily tasks.

In our own practice, we found that manual phone calls were about twice as expensive as letters when accounting for labour costs. Email, SMS text messages or automated phone calls are usually the lowest-cost options for outreach.

Effectiveness

In our practice, we found that manual phone calls were more effective than letters at recalling patients[1], because the conversation gives administrative staff the opportunity to, for example, book an appointment for a Pap test or arrange to mail a colorectal cancer (CRC) screening kit. Other studies support using a staggered approach[2,3], meaning for example you mail a letter first, and follow up with a phone call for those still overdue. Early evidence suggests email may be as effective as mailed letters.

Privacy

When using electronic communication, follow the privacy guidelines outlined by the Canadian Medical Protective Association (CMPA) and the provincial colleges. For phone calls, consider having administrative staff use an algorithm that provides clear guidance about when to leave a voice message (see Appendix B). When mailing letters, consider marking the outside envelope as confidential.

Timing

Some practices send patients a birthday letter reminding them of a range of preventive care manoeuvres. In our own practice, we time our outreach with annual reports received from the Ministry of Health and Long-Term Care that list patients in our practice who are due for screening. Consider conducting outreach at a time when you anticipate having the capacity to accommodate extra visits for screening.

AT A GLANCE: PHONE CALL VS. MAILED LETTER

	Cost	Effectiveness	Timing
Phone Call	▲ More expensive	▲ More effective	▲ More time
Mailed Letter	▼ Less expensive	▼ Less effective	▼ Less time

Tips

- ☐ **Don't reinvent the wheel:** Check out our letter templates and phone call script in the appendix and adapt these for your own clinic. We have also included suggestions for materials to include with a mailed letter.
- ☐ **Make it personal:** Ensure patients know the invitation for screening is coming from you, their trusted provider. Letters that are signed by a patient's family physician are more effective than a generic reminder letter[4].
- ☐ **Make it convenient:** For patients overdue for colorectal cancer screening, consider including an FOBT kit in the mailout. Doing so prevents a visit and has been shown to be more effective than a reminder without the kit[5].

LEARN MORE

For more information on outreach methods, read "Mailed Letter Versus Phone Call to Increase Uptake of Cancer Screening: A Pragmatic, Randomized Trial," available online: https://www.ncbi.nlm.nih.gov/pubmed/30413542

LEARN MORE

Consider enrolling in Cancer Care Ontario's physician-linked correspondence program. For more information, visit: https://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/primary-care/physician-linked-correspondence?

SECTION 3

TAKING AN EQUITY APPROACH

Tracking your patients' overall cancer screening rates only tells you part of the story.

It is important to specifically review cancer screening for patient groups that may be at risk of lower screening rates such as patients living with low income.

UNDERSTANDING DISPARITIES IN SCREENING

Patient characteristics like age, sex, and co-morbidity can influence screening rates. For example, men are generally less likely than women to be screened for colorectal cancer.

Social determinants of health such as language, gender, employment and housing can also strongly influence cancer screening rates. For example, patients living with low income and newcomers to Canada are often less likely to be screened[7,8].

preparation checklist

- ☐ Are there groups of patients in your practice who you think are less likely to be screened?
- ☐ What sociodemographic data do you already have in your chart to understand differences in screening rates? What data would you like to collect?

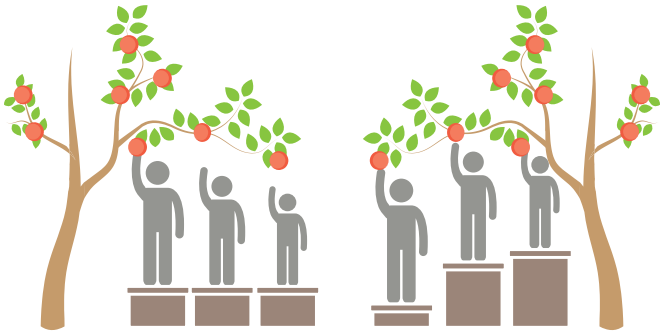
HOW CAN YOU FIND THIS INFORMATION ABOUT YOUR PATIENTS?

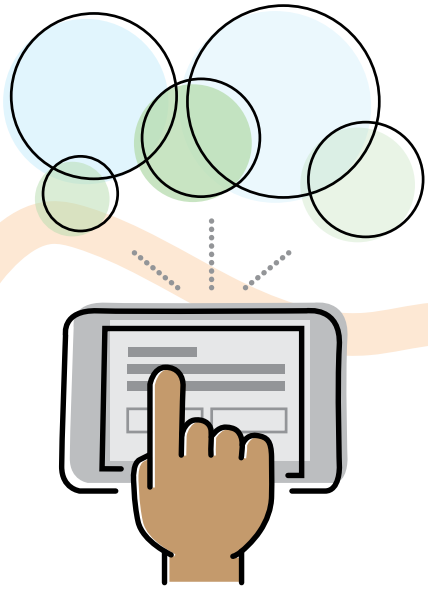
- Often, these patient characteristics are already indicated in their charts and can be easily found through an EMR search.
- Sometimes you need to collect this information directly from your patients (see below in "Collecting patient sociodemographic data").
- To determine a patient's income level, a common approach is to use their postal code which provides the income level of their neighbourhood based on census data.

EQUITY VERSUS EQUALITY

In our practice, we initially conducted similar outreach for all of our patients.[6] This approach was equal but, we later realized, not necessarily fair or equitable.

If we wanted to achieve the same outcomes for everyone, we realized we needed to take a more intensive approach for certain groups. More recently, we have prioritized outreach efforts for patients living with a low income (see Section 4).





COLLECTING PATIENT SOCIODEMOGRAPHIC DATA

Since 2013, our practice has been routinely collecting sociodemographic information on patients who visit the clinic[9]. We began by using a survey developed collaboratively by health organizations in the Toronto Central Local Health Integration Network[10].

Patients answer questions on a tablet in the waiting room and the responses are automatically uploaded to our electronic medical record in a format that allows us to easily extract and analyze the data. We have used this data to understand disparities in cancer screening[11].

SECTION 4

INCREASING SCREENING RATES FOR PATIENTS LIVING WITH A LOW INCOME

The patient's voice is critical to the quality improvement work that we do in primary care. In our practice, we conducted interviews and ran focus groups with patients who were identified as both living with low income and as overdue for cancer screening.

WHAT DID WE HEAR?

These patients provided us with valuable information that has helped guide our current screening efforts.

They told us that barriers to screening were:

- Managing physical co-morbidities
- Managing mental health and addictions
- Not seeing cancer screening as a priority
- Fear of the test itself and the possibility of a cancer diagnosis
- Past trauma, particularly for the Pap test
- Poor communication with their health care provider

They also told us that facilitators of screening include:

- Developing strong trusting relationships with their health-care provider
- Feeling that they have a sense of choice in their own health journey
- Access to education and information on cancer screening that's easy to understand

USING GROUP MEDICAL VISITS TO ENCOURAGE CANCER SCREENING

As a result of our interviews and focus groups with patients, we are now piloting group medical visits to educate patients on cancer screening and prevention. The idea for group visits came directly from our patients who wanted more information about screening and time to ask questions. They suggested focusing on multiple prevention methods, not just cancer screening, and wanted a relaxed atmosphere that included food, money for transport and ideally childcare.

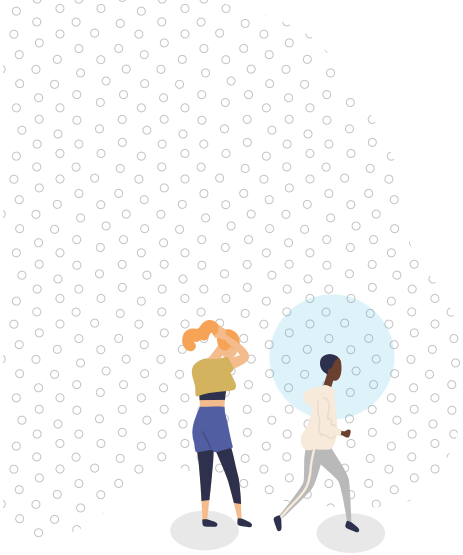
We invited women overdue for at least two types of screening. At the end of the session, we provided CRC screening kits and gave women the opportunity to receive a Pap test and mammogram right then.

Not all of our patients agreed that group visits were best, or on how to do group visits. **There was some disagreement on whether or not we should:**

- Mix genders in education sessions versus make them gender-specific
- Hold sessions in the daytime versus the evening
- Have a more structured session versus a less structured format

KEY FINDING

Our patients suggested we actively reach out to those who are overdue and encourage screening. They emphasized the importance of using a friendly and encouraging tone.



SECTION 5

SPECIAL CONSIDERATIONS FOR TRANS POPULATIONS

Patients who are trans face unique challenges when it comes to cancer screening.

Providing appropriate cancer screening services for the trans population can be particularly challenging, as appropriateness depends on the anatomy an individual was born with, the anatomy they currently have and where they are in their personal transition.

WHY THIS MATTERS

Trans patients are often either missing from or inappropriately included in cancer screening recall lists.

We developed an EMR search to identify patients who may be trans, using key search terms that were suggested by our providers who had expertise in trans care. We then performed a manual chart audit to verify whether these patients were trans. We sometimes had to contact the provider to confirm. About 60% of the patients identified from the EMR search were confirmed to be trans.

A WORD ON LANGUAGE

Nearly 0.5% of adults identify as transgender (trans), an umbrella terms that includes people who identify as genderqueer, genderfluid and gender non-binary, and whose gender identities challenge societal gender norms.[12] Here, we use the term 'trans' as an inclusive term that includes all of the above. Trans individuals have a gender identity or expression that is different than the sex that was assigned to them at birth. In contrast, cisgender (cis) individuals have a gender identity that matches the sex that was assigned to them at birth.

We found that **our trans patients were less likely than our cis patients to be screened for cervical, breast and colorectal cancers,** even after accounting for age, number of visits and income.[13]

DID YOU KNOW?

The Canadian Cancer Society has online resources,* including patient handouts and a provider training module to support screening in LGBTQI2S populations.

TRANS CARE GUIDELINES BASED ON SHERBOURNE HEALTH AND CANCER CARE ONTARIO GUIDELINES[14,15]

Type of cancer screening	Eligible patients	Definition of up-to-date for screening	Exclusions
Cervical	Assigned female at birth, aged 21 to 69 years	Received a Pap test in the previous 3 years	Previous total hysterectomy or cervical cancer
Breast/Chest	Assigned female at birth, aged 50 to 74 years Assigned male at birth, aged 50 to 74 years taking estrogen for more than 5 years	Received a mammogram in the previous 2 years	Previous mastectomy or breast cancer
Colorectal	Adults aged 50 to 74 years	Received either a fecal occult blood test/fecal immunochemical test in the previous 2 years or flexible sigmoidoscopy/ colonoscopy in the previous 10 years	Previous colon cancer or colectomy

*Full url: http://convio.cancer.ca/site/PageServer?pagename=SSL_ON_HCP_HCPGen_LGBTQClients#.XKLjietKiRu

We asked patients who transitioned from female to male to tell us about their experience with Pap tests for cervical cancer screening. They told us:

- Getting a Pap test can be upsetting because it can remind them of the gender they were assigned at birth
- In many cases, they made an informed decision not to be screened

In our annual outreach to patients who are overdue for screening, **we now flag patients who are trans, regardless if our system tells us they are overdue**, so providers can consider whether they should be recalled. We now use our EMR to document rates of informed discussion with patients.

KEY MESSAGES

- Create an inclusive and welcoming atmosphere for trans people
- Trans patients may be misclassified when it comes to cancer screening eligibility
- Strive to document and report rates of informed discussion related to screening as some trans patients may reasonably choose not to pursue screening

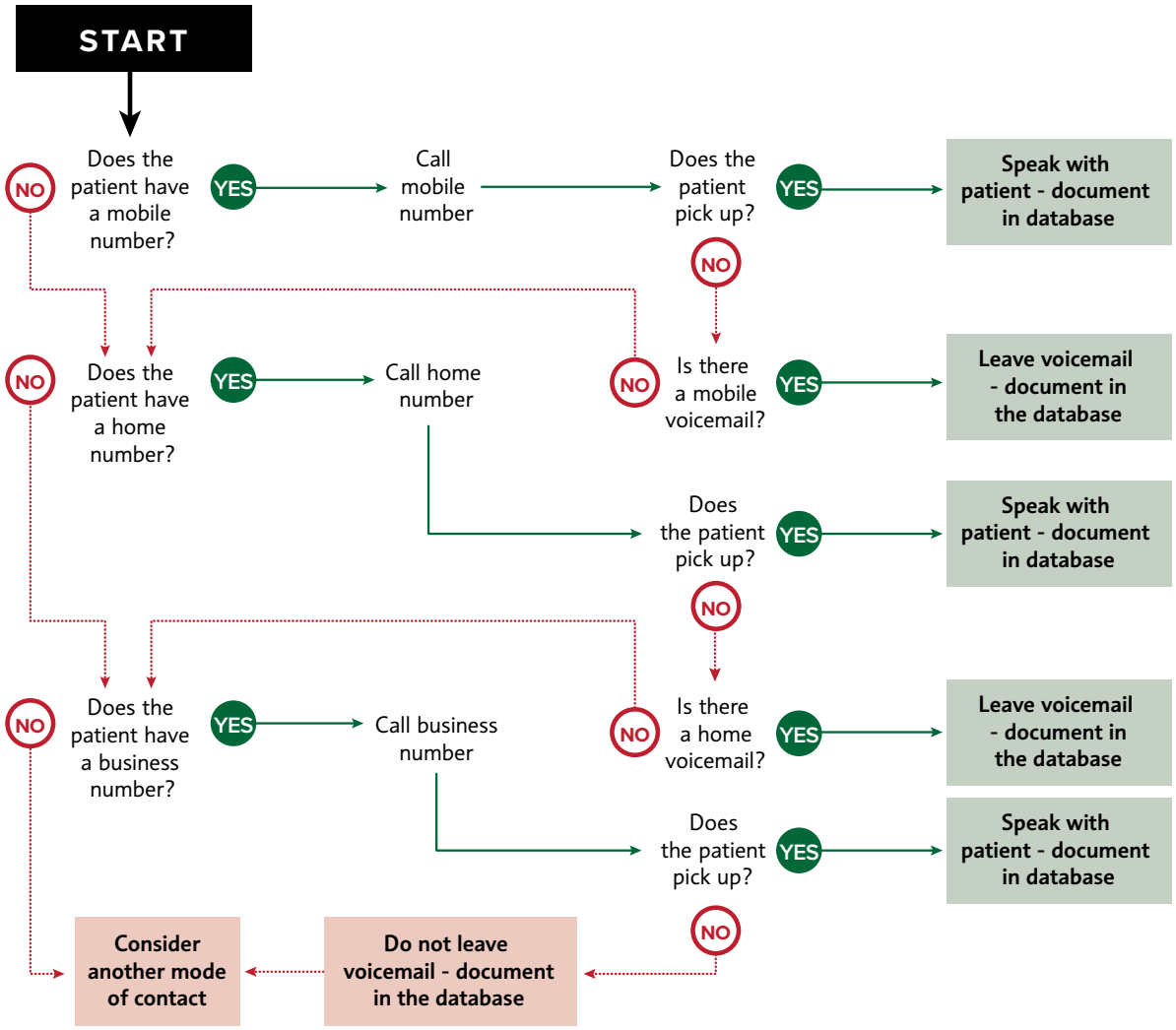
preparation checklist

How welcoming is your practice to trans patients?

- ☐ Do you have a rainbow flag or other materials in your waiting room to make LGBTQI2S patients feel welcome?
- ☐ Do you have gender-neutral bathrooms?
- ☐ Do you and your staff document and use patients' preferred pronouns?

APPENDIX A

SAMPLE PROCESS MAP FOR OUTREACH PHONE CALLS



OTHER CONSIDERATIONS:

Voicemails:

- Leave a maximum of 1 voicemail, preferably on mobile number
- Only leave voicemails on non-automated, initialized voicemail boxes, and never on business lines
- Do not leave voicemails with counselors/case managers

Circumstances when we would speak to family members:

- Language barrier
- Disability

Please ensure that when phoning patients, we address them by their preferred name, if a preferred name is on file

When phone number belongs to a counselor/case manager:

- Check if patient has upcoming appointment
  - If they do, add test to appointment
  - If they don't, message physician
  - If counselor answers, leave a message for patient to call back with no personal health info

APPENDIX B

SAMPLE SCRIPT FOR OUTREACH PHONE CALLS

1. LEAVING A MESSAGE FOR THE PATIENT

This is a message for _____. My name is _____ and I'm calling on behalf of Dr._____'s office. This is not urgent but if you can please return my call at XXX-XXX-XXXX. Again my name is _____.

2. INITIAL CALL TO PATIENT

Hi is _____there please? Hi my name is _____ and I am calling on behalf of Dr. _____'s office. I'm calling because we are we are working on a new initiative making sure patients get screened for cancer. Just so you are aware we are not worried about you. We are calling every patient who is overdue for cancer screening. Our records indicate that you are overdue for _____. Are you available to book an appointment right now? What's most important is that you come in so let's work around your schedule. [For patients who are due for breast cancer screening]: Alternatively, you can book a breast screening consultation directly with the St. Michael's Hospital CIBC Breast Centre by calling 416-864-6040.

3. PATIENT HAS OTHER HEALTH CONCERNS AND HAS NOT BEEN IN OVER A YEAR

Would you like to book a physical? That way you can get everything taken care of at once.

4. UNCERTAINTY AROUND PHYSICIAN RECOMMENDATION OF SCREENING

EXAMPLE: I DIDN'T KNOW I WAS OVERDUE OR MY DOCTOR HASN'T TOLD ME TO HAVE THIS TEST

Sample response: Your doctor has asked for my help to call patients who are overdue

5. NO KNOWLEDGE OF THE TEST

EXAMPLES: I'VE NEVER HEARD OF THE ___ TEST BEFORE OR WHAT IS A ___ TEST?

Sample response: cervical cancer screening: A Pap test is a simple screening test that can help prevent cervical cancer. It looks for abnormal changes in your cervix and only takes a few minutes. It could save your life. Cells are taken from the cervix and are sent to a laboratory to be examined. Often abnormal cells naturally return to normal. But if they do not, they need to be found and, if necessary, treated. Otherwise, slowly over a number of years they may become cervical cancer.

Sample response: colorectal cancer screening: There are two main ways of being screened for colorectal cancer. The Fecal Immunochemical Test (FIT) is a simple test that can be done from home. The FIT checks for blood in your stool, which may be a sign of colorectal cancer. The colonoscopy is recommended for individuals at a higher risk for colorectal cancer. It involves inserting a long flexible tube through the rectum so that the specialist can examine your colon and rectum.

Sample response: breast cancer screening: Because you are between the ages of 50 and 74, you are encouraged to get screened for breast cancer with a mammogram. A mammogram takes an X-ray picture of the breast and can find breast changes when they are too small to feel or see.

6. NO SYMPTOMS

EXAMPLES: I FEEL FINE OR I AM HEALTHY, I DON'T NEED THIS TEST

Sample response: I'm glad you are feeling healthy, but part of staying healthy is getting a regular screening. A person can develop cancer without any pain or discomfort in the beginning stages and screening for ___ cancer with a ___ may be the only way to find the disease.

7. LANGUAGE BARRIER

EXAMPLES: PATIENT DOES NOT SPEAK ENGLISH OR OTHER LANGUAGE OF THE CLINIC STAFF

Sample approach: If at all possible, try to get someone on the phone who speaks English. Most households recognize the words English and doctor. If unable to obtain a family member or friend, offer to call back at a later time.

8. LACK OF COMMITMENT

EXAMPLES: CAN I THINK ABOUT IT?

Sample response: Yes, when would be a good time for me to call you back?

9. PATIENT OVERDUE FOR PAP TEST HAS MALE PHYSICIAN AND IS RELUCTANT

EXAMPLE: NO, I DON'T WANT TO GET THAT DONE WITH MY MALE DOCTOR

Sample response: Alright, just so you are aware we do have female staff (residents/NP's) who can give you the pap if that makes you more comfortable.

APPENDIX C

SAMPLE OUTREACH LETTERS FOR PATIENTS

DATE

PATIENT NAME,
PATIENT ADDRESS
Toronto, ON MXX XXX

Dear PATIENT FIRST NAME,

Our records indicate that you are due for colorectal cancer screening.

Colorectal cancer is the second most common cause of cancer death in Ontario. It can develop without any early warning signs. Regular screening is the best way to catch colorectal cancer early. If it is caught early enough, nine out of ten people can be cured.

There are two main ways of being screened for colorectal cancer. The Fecal Occult Blood Test (FOBT) is a simple test that can be done from home. The FOBT checks for blood in your stool, which may be a sign of colorectal cancer. The colonoscopy is recommended for individuals at a higher risk for colorectal cancer. It involves inserting a long flexible tube through the rectum so that the specialist can examine your colon and rectum.

For more information on colorectal cancer screening please see the enclosed brochure.

Please call [INSERT CLINIC PHONE NUMBER] to book an appointment with myself to discuss which colorectal cancer screening test is right for you. If your primary provider is a Nurse Practitioner or Resident Physician please book an appointment with them by calling the same number.

I look forward to seeing you soon.

Sincerely,

Dr. PHYSICIAN NAME
PHYSICIAN ADDRESS
PHONE NUMBER

Dear PATIENT FIRST NAME,

Our records indicate that you are due for a mammogram.

Breast cancer is the most common cancer in Canadian women and finding it early provides the best chance of treating it successfully. The chance of developing breast cancer increases as women get older. More than 80% of breast cancers are found in women over the age of 50.

Because you are between the ages of 50 and 74, you are encouraged to get screened for breast cancer with a mammogram. A mammogram takes an X-ray picture of the breast and can find breast changes when they are too small to feel or see.

Please see the enclosed handout and brochure for more information on the risks and benefits of mammograms.

To discuss your breast screening options further, please call [INSERT CLINIC PHONE NUMBER] to make an appointment with me. If your primary provider is a Nurse Practitioner or Resident Physician please book an appointment with them by calling the same number. Alternatively, you can book a breast screening consultation directly with the St. Michael's Hospital CIBC Breast Centre by calling 416-864-6040 (visit http://www.stmichaelshospital.com/programs/breastcentre/screening.php).

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Dear PATIENT FIRST NAME,

Our records indicate that you are due for the Pap test.

This year, cervical cancer will be found in about 1,500 women in Canada and at least one woman will die every day from this disease. The good news is that you can take steps to protect yourself from cervical cancer by having regular Pap tests.

The Pap test is a screening test that looks for early warning signs of cervical cancer. As long as your test results are normal and you are in good health, you should have the Pap test every three years. If you have ever had an abnormal pap test in the past, you should be screened every year.

Please see the enclosed handout for more information on having a Pap test to screen for cervical cancer.

To get a Pap test, please book an appointment with myself by calling [INSERT CLINIC PHONE NUMBER] . If your primary provider is a Nurse Practitioner or Resident Physician, please book an appointment with them by calling the same number.

APPENDIX D

SAMPLE PATIENT EDUCATION MATERIALS

The following educational brochures were included with the mailed letter for patients overdue for the following types of cancers:

Cervical cancer:

- https://canadiantaskforce.ca/wp-content/uploads/2016/05/2013-cervical-cancer-patient-faq-en.pdf
- https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OCSPRightTimeBrochure.pdf

Breast Cancer:

- https://canadiantaskforce.ca/wp-content/uploads/2019/01/CTFPHC_Breast_Cancer_1000_Person-Final_v10.pdf
- https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OBSPBrochureNotObvious.pdf

Colorectal cancer:

- https://canadiantaskforce.ca/wp-content/uploads/2016/05/ctfphccolorectal-cancerpatient-faqfinal-updated160222.pdf
- https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCCGetTheFacts.pdf

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A Randomized Trial of Mailed Letter Versus Phone Call to Increase Uptake of Cancer Screening and Using self-reported data on the social determinants of health in primary care to identify cancer screening disparities

Study team: Aisha Lofters (Co-PI), Tara Kiran (Co-PI), Andree Schuler, Morgan Slater, Andrew Pinto, Nav Persaud, Ed Kucharski, Rosane Nisenbaum, Sam Davie, Nancy Baxter, Rahim Moineddin

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Co-designing Solutions to reduce income-related disparities in cancer screening

Study team: Aisha Lofters (Co-PI), Tara Kiran (Co-PI), Natalie Baker, Andree Schuler, Alison Rau, Alison Baxter

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Cancer screening rates among transgender adults

Study team: Aisha Lofters (Co-PI), Tara Kiran (Co-PI), Sam Davie, Dhanveer Singh, Sue Hranilovic, Daniel Bois, Andrew Pinto, Alex Abramovich; Resident QI project: Lauren Welsh, Kaartik Agarwal

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