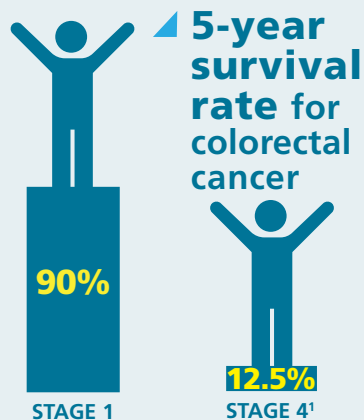
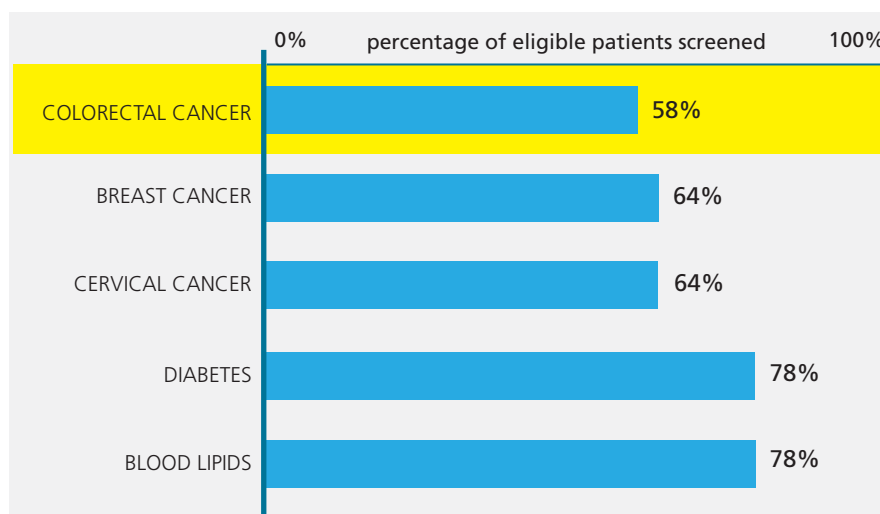



## Exceeding provincial averages in colorectal cancer screening rates


Screening rates are an important measure of quality of care because early identification and treatment of disease improves outcomes for patients.

Of the five screening tests included on the HQCA's FOCUS on Healthcare website, rates of colorectal cancer (CRC) screening are the lowest, with an average of only 58% of eligible patients completing the recommended testing in Alberta. Alberta Health Services zone comparisons range between the lowest at 52% (North), and the highest at 62% (South).

### PATIENT COMPLETION OF SCREENING TESTS, PROVINCIAL RESULTS:

**2,500 Albertans are anticipated to be diagnosed with colorectal cancer in 2019<sup>2</sup>**



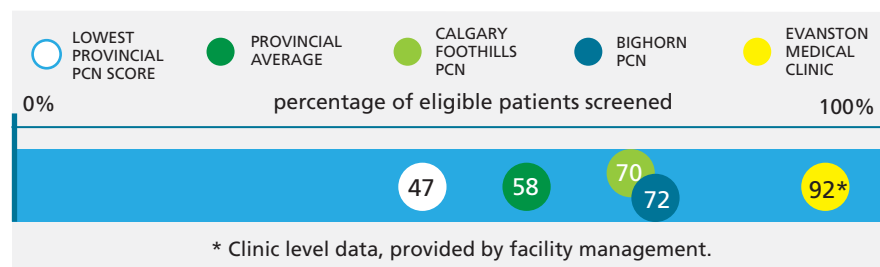
**1% increase in colorectal cancer screening = 12,000 more Albertans screened.<sup>3\*\*</sup>**

\*\* Based on aggregate data, derived from FOCUS on Primary Healthcare: <https://focus.hqca.ca/primaryhealthcare/screening/colorectalcancer>

## SUCCESS STORIES

- **Bighorn PCN**, in the North Zone, screens **72%** of eligible patients.
- **Calgary Foothills PCN**, in the Calgary Zone, screens **70%** of eligible patients.
- **The Evanston Medical Clinic\***, was able to improve their rates of CRC screening from 53% in January 2018 to **92% in March 2018** and continue to screen the majority of eligible patients.

### PATIENT COMPLETION OF COLORECTAL CANCER SCREENING:



\*The Evanston Medical Clinic is part of the Mosaic PCN, in the Calgary Zone, which has a CRC screening rate of 59%.

To learn more about these results and their quality improvement journeys, [read the following pages.](#)

## BIGHORN PRIMARY CARE NETWORK

According to data on the HQCA's FOCUS website, the Bighorn PCN holds the top spot in Alberta for colorectal cancer (CRC) screening rates, screening 72% of eligible patients. As one of the smallest PCNs in the province, Bighorn is part of the North Zone and is comprised of three clinics – two in Hinton and one in Grande Cache.

Although some smaller PCNs may feel that their size limits their resources, Bighorn has **embraced its small size as an opportunity** to more easily collaborate and work together.

Bighorn has well-defined patient panels and strong relationships with patients. EMRs are relied on and used to their full capabilities, for example, flags are set up to let physicians know about needed tests. In Grande Cache there are five physicians practicing from a single clinic and sharing the same EMR. Hinton's two clinics are served by roughly 15 physicians, with patient

information housed within two EMRs. Physicians are able to connect to the EMRs from their phones or laptops, making it easier to access information and easier to provide coverage for each other. If a patient is unable to see their own physician, other physicians have the ability to access the patient's medical information and opportunistic screening can occur as needed. After hours service is provided through the emergency departments, which are staffed by many of the same physicians that work in the PCN.

To further enable an opportunistic approach to care, an improvement facilitator is available to assist as needed with panel management and the setting of EMR supports, such as the use of flags.

*"The physicians in each community have worked extremely hard to set up processes and pathways to ensure that patients receive care at the right time, when they need it, with a physician they know."*

– Samantha Semograd,  
Executive Director



### SUCCESS FACTORS:

- Ability for **informational continuity** to occur through common and easily accessed EMRs, increasing the ability to provide opportunistic screening.
- A commitment to patient/physician continuity through the creation of **well-defined patient panels**.
- Strong **awareness of the capabilities of EMRs** and the extensive use of flags and other supports.
- Embracing their small size as a way to support **collaboration and working together** toward a common goal of quality patient care.

## ▲ CALGARY FOOTHILLS PRIMARY CARE NETWORK

Data on the HQCA's FOCUS website shows that Calgary Foothills PCN (CFPCN) holds the second best spot in Alberta for colorectal cancer (CRC) screening rates, screening 70% of eligible patients.

Committed to quality improvement for over a decade, CFPCN has a strong cultural belief in connecting with their physicians on the things that matter most to them. By using resources such as Schedule B metrics, the HQCA's Primary Healthcare Panel Reports, and the Alberta Screening and Prevention initiative (ASaP), CFPCN gained a better awareness of the data related to their PCN. Through this, screening and prevention was identified as a priority. With the availability of panel managers and improvement facilitators to provide expertise and support, attention was placed on the importance of panel management. Additionally, participating clinics worked to maximize EMR functionality with the creation of flags, prompts, and reminders.

Now, over **350 physicians** at nearly 100 clinics have **committed to improve screening rates**. In addition to high rates of CRC screening, CFPCN has the highest rates in the Calgary Zone for all of the screening maneuvers included on the HQCA's FOCUS website.

*"Our success has really been a team effort – board members, medical and staff leadership, panel managers and liaisons, member physicians, and their staff. Using a quality improvement philosophy, and allowing clinics choice according to what they feel is important have been foundational to CFPCN's approach."*







– Dr. Heidi Fell,  
Medical Lead - Evaluation  
and Practice Enrichment

### SUCCESS FACTORS:

- Creating **well-defined patient panels** to determine which patients belong to which physicians.
- Developing a **reliance on data** to identify opportunities for improvement and to track progress.
- **Maximizing EMR capability** leading to better utilization of EMR functions to assist with prompts and reminders.
- Being **committed to talk about quality** with routine conversations between clinic physicians and clinic management/leadership about data and improvement.
- **Creating opportunities for celebrating** via establishing events for physicians and other PCN members to come together, spread improvement ideas, and share success stories.
- **Leveraging the support** of panel managers and improvement facilitators to advance quality improvement.



### SCREENING RATES FOR CALGARY FOOTHILLS PCN:

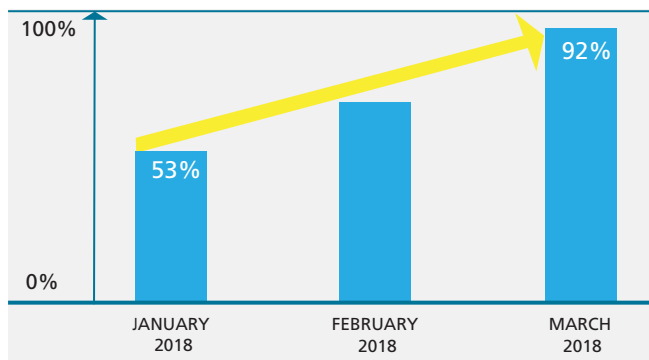
SCREENING MANEUVER	0%  PROVINCIAL AVERAGE 100%	RANKING: CALGARY PCNs
COLORECTAL CANCER	 58 70%	1
BREAST CANCER	 64 74%	1
CERVICAL CANCER	 64 77%	1
DIABETES	 78 88%	1
BLOOD LIPIDS	 78 88%	1 (tied)

## EVANSTON MEDICAL CLINIC

In January 2018, a quality improvement project was completed in collaboration with the Evanston Medical Clinic, Alberta Public Laboratories (formerly Calgary Laboratory Services) and Mosaic Primary Care Network (MPCN). The project focused on the improvement of colorectal cancer (CRC) screening rates by reducing perceived barriers of the patients. Through the provision of education for completing the sample accurately and demystifying the procedure, creating and following a detailed flagging, recording, and analysis process, and negotiating an agreement with the lab to provide eligible patients with Fecal Immunochemical Test (FIT) kits at their physician's clinic, significantly better rates of completion for CRC screening were accomplished.



**From January to the end of March 2018, after handing out and tracking 150 FIT kits, CRC screening rates were improved from 53% to 92%.**



Evanston continues to build upon the success of this project, having offered screening to most of their current eligible patients and screening approximately 80% of patients to date in 2019. In addition, the MPCN is currently supporting several other clinics in their PCN to implement similar processes and changes.

### SUCCESS FACTORS:

- **Creating a culture** among staff and physicians that is supportive of quality improvement.
- Using data to create a sense of **competition**, not to make judgements or negative assumptions.
- Believing in routine **conversations** between clinic physicians and clinic management/leadership in regards to data, performance, and opportunities for improvement.
- Utilization of the **Primary Care Coordinator (PCC)** role as a leader, to take charge of the project and commit to the creation of EMR flags to indicate eligible patients, and in the recording and analysis of data.
- **Commitment** to creating well-defined patient panels and improving screenings rates.
- **Collaboration** with stakeholders, such as Alberta Public Laboratories.

*"Evanston Medical Clinic was able to initiate a quality improvement project which improved patient care and reflects the mission of our clinic. It was amazing to see the improved rates of colorectal screenings by making a small change in the process. Educating the patients has made a huge impact on awareness and the importance of colorectal screening. I appreciate that Mosaic PCN and Alberta Public Laboratories partnered with us in this project and empowered us to take an extra step towards patients' care."*

– Shaheen Aslam, Director of Operations




## RESOURCES TO SUPPORT PRIMARY CARE WITH CANCER SCREENING IN ALBERTA

### Alberta Health Services Cancer Screening Programs

Operated by Alberta Health Services (AHS), Alberta currently has three population-based cancer screening programs (breast, cervical, and colorectal). The programs follow the Alberta Medical Association's (AMA) Toward Optimized Practice (TOP) clinical practice guidelines for average risk men and women. A core function of these screening programs is to provide evidence-informed public and provider resources, including decision support tools. These resources collaboratively support Albertans and healthcare providers in making informed decisions about cancer screening.



The programs send personalized correspondence to eligible Albertans about cancer screening. For example, women eligible for cervical screening are sent a reminder letter every three years and those eligible for breast screening are sent reminder letters every two years. Result letters are also sent for cervical, breast, and colorectal (FIT only) screening.

-  For more information, visit: [screeningforlife.ca](https://screeningforlife.ca)
  - Free patient education resources are available for printing or ordering, such as the "Common Questions about Colorectal Cancer Screening" brochure or "Should I be screened for colorectal cancer?" poster.

### Alberta Netcare



The Cancer Screening Status Report, available on the Alberta Netcare Portal, indicates if a patient is due for breast, cervical, or colorectal cancer screening.

For more information, click on the links below:

-  **Cancer Screening Status Reports**
-  **Register for Netcare access**

### HQCA Primary Healthcare Panel Reports

The HQCA provides Primary Healthcare Panel Reports upon request to family physicians across the province. Included in the panel reports are three cancer screening measures (breast, cervical, and colorectal). Physicians can use these reports to identify the screening rates for their eligible panelled patients and compare their screening rates to their Primary Care Network and zone. The screening rates capture screenings completed by panelled patients inside and outside of clinic walls.

-  **Learn more about the panel reports and request a report.**
-  **Read about how one PCN is using the reports to make meaningful changes to their screening rates.**

### HQCA FOCUS on Healthcare Website




The HQCA's **FOCUS on Healthcare** website is a resource for reliable information about what patients experience in Alberta's healthcare system. Specifically, the primary healthcare section shows patients' completion of screening maneuvers, as well as several other measures that directly relate to patients experience with primary healthcare. These measures can be viewed and compared at a PCN, zone, and provincial level.

-  **Check out FOCUS on Primary Healthcare to see screening rates in Alberta**

## ▲ RESOURCES continued

### Alberta Screening and Prevention Program, Alberta Medical Association (AMA)

The AMA helps Alberta physicians and practice teams implement evidence-based practices to enhance the care of their patients. Within the AMA, the Alberta Screening and Prevention Program (ASaP), focusses on supporting physicians, nurse practitioners, and clinic teams to offer a screening and prevention bundle to all their patients through enhanced opportunistic and planned outreach methods (targeting patients who do not present for screening care).

-  Learn more about ASaP and review their many resources.
-  Check out some key enablers that have been linked to success in improving screening rates.
-  TOP also produces clinical practice guidelines (CPGs), several of which focus on cancer screening.

### Healthier Together Website

An online resource designed to guide entire communities toward healthier ways of living and working. The website includes a section letting users choose health conditions that concern them and provides information, tools, and proven strategies that make it easier to take action.

This resource was created by the Alberta Cancer Prevention Legacy Fund, within Alberta Health Services, made up of a team of innovative leaders, scientists, and public health experts that specialize in cancer prevention.

-  For more information, visit **their website**.

## ▲ REFERENCES

1. Canadian Cancer Society. Colorectal cancer [Internet]. Canadian Cancer Society; 2019 [cited 2019 Sep 10]. Available from: <http://www.cancer.ca/en/cancer-information/cancer-type/colorectal/prognosis-and-survival/survival-statistics/?region=ab>
2. Alberta Health Services. Surveillance & Reporting: The 2019 Report on Cancer Statistics in Alberta [Internet]. Edmonton, Alberta, Canada: CancerControl Alberta, Alberta Health Services; 2019 Jan 31 [cited 2019 Sep 10]. Available from: <https://public.tableau.com/profile/cancercontrol.ab#!/vizhome/The2019ReportonCancerStatisticsinAlberta/Highlights?publish=yes>
3. Toward Optimized Practice (TOP) Working Group for Colorectal Cancer Screening. Colorectal cancer screening: clinical practice guideline [Internet]. Edmonton, Alberta, Canada: Toward Optimized Practice; 2013 Nov [cited 2019 Sep 12]. Available from: [https://www.topalbertadoctors.org/download/1009/colorectal\\_guideline.pdf](https://www.topalbertadoctors.org/download/1009/colorectal_guideline.pdf)