

## Cancer Screening Continuous Quality Improvement Toolkit Bundle 4

# Merging and locking lists

## Merging old labels and codes into the new list

It is important for your practice to handle recall and reminders consistently. Having multiple labels/codes for the same recall reason can make it very difficult to perform accurate recall searches.

Links below will assist you in merging existing lists into the new agreed list.

Software	Link to Resource
Best Practice	Setup reminder reasons and defaults: <a href="https://kb.bpsoftware.net/au/bppremier/jade/Content/Clinical/Reminders/ManageReminders.htm">https://kb.bpsoftware.net/au/bppremier/jade/Content/Clinical/Reminders/ManageReminders.htm</a>
	Cleaning up uncoded and free text data: <a href="http://www.medicaldirector.com/help/#t=topics-maintenance%2FMerge_Clinical_Lists.htm&amp;rhsearch=merge%20recall%20list&amp;rhsyns=%20&amp;rhhlterm=merge%20recall%20list">www.medicaldirector.com/help/#t=topics-maintenance%2FMerge_Clinical_Lists.htm&amp;rhsearch=merge%20recall%20list&amp;rhsyns=%20&amp;rhhlterm=merge%20recall%20list</a>
Medical Director	Merge Clinical Lists <a href="http://www.medicaldirector.com/help/#t=topics-maintenance%2FMerge_Clinical_Lists.htm&amp;rhsearch=merge%20recall%20list&amp;rhsyns=%20&amp;rhhlterm=merge%20recall%20list">www.medicaldirector.com/help/#t=topics-maintenance%2FMerge_Clinical_Lists.htm&amp;rhsearch=merge%20recall%20list&amp;rhsyns=%20&amp;rhhlterm=merge%20recall%20list</a>
Genie	<i>Not applicable</i>

## Locking recall and reminder lists

*\* This option is only available in Best Practice. See link below if applicable. This prevents practitioners from adding new free-text labels/codes.*

Software	Link to Resource
Best Practice	Setup reminder reasons and defaults: <a href="https://kb.bpsoftware.net/au/bppremier/jade/Content/Clinical/Reminders/ManageReminders.htm">https://kb.bpsoftware.net/au/bppremier/jade/Content/Clinical/Reminders/ManageReminders.htm</a>
Medical Director	<i>Not available</i>
Genie	<i>Not available</i>

*\*This resource was adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.*



Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

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# Recalls and reminders

An accurate recall and reminder system is dependant upon entering and consistent labels and codes for the recall reason.

Examples of multiple labels/codes				
Breast screening	Breast	Mam	Mammography	Breast screen
Bowel screening	FOBT	iFOBT	CRC screening	Bowel screen
Cervical/Pap	HPV	Pap Smear	Cervical screen	Cervical Screening

## Discuss code options

Teams are more likely to use a set of codes and labels if they have been involved in deciding what they should be.

Discussion points	Benefit
<ul style="list-style-type: none"> <li>» Why using consistent coding is important?</li> <li>» What are the benefits of using standard codes?</li> </ul>	<ol style="list-style-type: none"> <li>1. It is easier to extract accurate recall/reminder lists (nobody is missed)</li> <li>2. Screening participation rates are more accurate</li> <li>3. Assess practice performance</li> <li>4. Easier to identify under screened patients</li> </ol>
<ul style="list-style-type: none"> <li>» Table of options (see below).</li> <li>» Adoption of agreed codes.</li> </ul>	<ol style="list-style-type: none"> <li>1. Opportunity to offer input</li> <li>2. Chance to provide feedback.</li> </ol>
<p>Options to access codes:</p> <ul style="list-style-type: none"> <li>» printouts</li> <li>» where to place them.</li> </ul>	<ol style="list-style-type: none"> <li>1. Accessibility of codes</li> <li>2. Consistent use of codes.</li> </ol>

\*This resource was adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.

# Recalls and reminders

## Label/code options

Bowel screening		
Label or code	Screening recommendation	Details
iFOBT - Negative	Every two years (50-74 years of age) <sup>1</sup>	<ul style="list-style-type: none"> <li>» For category 1 patients with a negative iFOBT result</li> <li>» No first or second degree relative with colorectal cancer</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>» X1 first degree relative with colorectal cancer diagnosed at 55 years or older</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>» X1 first degree and x1 second degree relative with colorectal cancer diagnosed at 55 years or older.</li> </ul>
iFOBT - Positive	Result of the colonoscopy will determine the patient pathway	<ul style="list-style-type: none"> <li>» Refer to HealthPathways.</li> <li>» If private pathology—option for public or private referral.</li> <li>» If National Program—tailored treatment pathway available through the public system.</li> </ul>

Breast screening		
Label or code	Screening recommendation	Details
BreastScreen: two years	Every two years (50-74 years of age)	Normal result - no evidence of breast cancer.
BreastScreen: one year	Every year as per BreastScreen	BreastScreen advises patient meets at risk criteria.
BreastScreen: recall	As per practice policy. Patient will be advised to visit GP to discuss further investigations.	<ul style="list-style-type: none"> <li>» Normal result - no evidence of breast cancer but Breast change reported. GP to follow-up</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>» Chance that an existing breast cancer not seen on mammogram</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>» Assessment reports for patients having undergone biopsy or needing surgical management.</li> </ul>
<p>The Cancer Australia Familial Risk Assessment - Breast and Ovarian Cancer (FRA-BOC) online tool<sup>2</sup>:  <a href="http://www.canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/fra-boc/evaluate">www.canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/fra-boc/evaluate</a></p>		

<sup>1</sup>JenkinsM, Driss A, Boussioutas A, et al. Colorectal Cancer Guidelines Working Party: Screening based on family history. Cancer Council Australia, 2018.

<sup>2</sup>Cancer Australia, 'Breast Cancer risk factors' website 2018.

\*This resource was adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.



# Recalls and reminders

## Label/code options (continued)

Cervical screening		
Label or code	Screening recommendation	Details
Cervical: Low	Every five years	<ul style="list-style-type: none"><li>» No Oncogenic HPV detected.</li><li>» Patients at low risk.</li></ul>
Cervical: Intermediate	Every year	<ul style="list-style-type: none"><li>» HPV detected – not types 16/18.</li><li>» LBC shows patient has negative or possible low-grade squamous intraepithelial lesion or abnormal cervical cells.</li></ul>
Cervical: Higher	Specialist referral	<ul style="list-style-type: none"><li>» HPV detected – not types 16/18.</li><li>» LBC or cytology shows possible high-grade squamous intraepithelial lesion.</li><li>» For colposcopic assessment due to higher risk of cervical cancer</li></ul> <p>or</p> <ul style="list-style-type: none"><li>» HPV types 16/18 detected – associated with approximately 70% of cervical cancers.</li></ul>
Cervical: Unsatisfactory	6–12 weeks	Sample collected was unsatisfactory for either HPV or LBC testing.

Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers<sup>3</sup>:  
[www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/C2058A7D155867ACCA2581C400082790/\\$File/CAN174-Understanding-the-National-Cervical-Screening-Program-Management-Pathway.pdf](http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/C2058A7D155867ACCA2581C400082790/$File/CAN174-Understanding-the-National-Cervical-Screening-Program-Management-Pathway.pdf)

## Check if your practice refers women for mammography appropriately

Women being referred privately for mammography who are **asymptomatic** may incur the full cost of the service as there are no MBS item numbers to cover that service.

Mammography: Screening vs Diagnostic:

[https://nqphn.com.au/sites/default/files/2022-01/Mammography\\_Screening%20vs%20Diagnostic%20brochure.pdf](https://nqphn.com.au/sites/default/files/2022-01/Mammography_Screening%20vs%20Diagnostic%20brochure.pdf)

Check if any of your patients have been referred to a private provider mammography service who should be screened at BreastScreen.

<sup>3</sup>National Cervical Screening Program- Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers.

<sup>\*</sup>This resource was adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.

