

Innovation in Cancer Screening Quality Improvement Activity

North Western Melbourne Primary Health Network (NWMPHN) is offering eight practices in Brimbank and Wyndham an opportunity to participate in a Quality Improvement activity to improve cancer screening rates.

The activity will focus on increasing breast, bowel and cervical cancer screening in under-screened populations, including:

- Aboriginal and Torres Strait Islander people
- Culturally and Linguistically Diverse (CALD) communities
- People living in areas affected by socio-economic disadvantage.

This document provides prospective applicants with information relating to the project, including requirements that successful applicants will undertake during the project period.


Aim

This activity aims to increase patient participation in bowel, cervical and breast cancer screening by strengthening workforce capacity within participating general practices through a [Quality Improvement](#) model. Practices can choose to focus on one, two or all of the national screening programs.

Cancer screening in our community

In Australia, primary care plays a significant role in both the provision and endorsement of National Cancer Screening Programs. Whilst general practitioners do not provide direct services for breast or bowel cancer screening, GP endorsement of screening can considerably increase participation rates in these programs. The Department of Health and Human Services Action Plan (2016-20)¹ emphasises the role of primary health providers in promoting screening early detection.

¹ Department of Health and Human Services 2016, Victorian Cancer Plan 2016-20, "Improving Cancer Outcomes for all Victorians", State Government of Victoria



According to Emery (2014)²: “As cancer screening improves, primary care has a pivotal role in facilitating uptake, which can be enhanced using audit and feedback systems, office prompt systems and general practitioner endorsement.”

The NWMPHN catchment contains significant areas where populations are under-screened for bowel, breast and cervical cancers. This is an opportunity for NWMPHN to work with general practices in these areas to understand the challenges of low screening rates and to work collaboratively to support quality improvement strategies.

Why Brimbank and Wyndham?

Brimbank and Wyndham Local Government Areas (LGAs) were selected to be the focus of this program. This decision is based on low cancer screening participation rates amongst the Aboriginal and Torres Strait Islander population, culturally and linguistically diverse (CALD) communities and people experiencing socioeconomic disadvantage.

A detailed analysis of cancer screening data and under-screened groups in Brimbank and Wyndham can be found in the [NWMPHN Local Cancer Screening Community Profile](#).

What is Quality Improvement?

This activity will support general practices to implement quality improvement activity in eight general practices in Brimbank and Wyndham.

Quality improvement is an opportunity to change as a result of learning. Activities lead to positive change in practices, particularly when involving a whole practice team approach. The NWMPHN [Quality Improvement Toolkit](#) details the approach in more detail.

What your practice will receive by participating

- Exclusive access to clinical subject matter experts, resources and cancer screening toolkits
- Access to three regionally-tailored cancer screening education CPD workshops
- Access to clinical and QI mentors to support implementation of your goals and activities
- Continuous education and training, including accredited RACGP CPD activities
- PEN CAT licence and quarterly data quality reports
- Opportunities to network and partner with local health care providers and community groups
- Opportunity to share, network and connect with other general practice teams in your region
- \$5000 practice participation grant paid upon achieving activity milestones

² Emery. J, 2014, “The Role of Primary Care in Early Detection and Follow up Of Cancer”, Nature Reviews Clinical Oncology, 11 (38-48)



Practice eligibility criteria

1. Be located within and provide services in the City of Brimbank or Wyndham City Council catchments.

To find out if your general practice is located in the following LGAs :

- City of Brimbank ([check here](#))
- Wyndham City Council ([check here](#))

2. Be accredited or working towards accreditation.

Accreditation is the process of external evaluation of general practices against the Standards for general practices (5th Edition), developed by the Royal College of General Practitioners (RACGP). Achieving independent accreditation against the Standards indicates the general practice is committed to providing high quality, safe and effective care to standards of excellence determined by the general practice profession. Further information on becoming an accredited general practice can be found on the [RACGP's website](#). All general practices must be accredited or working towards accreditation to be eligible for the project. If you are interested in the project, and would like to know how to become accredited visit the program page [on our website](#) or contact the NWMPHN Primary Care Quality Improvement Team on (03) 9347 1188.

3. Have medical and billing software compatible with the PEN Clinical Audit Tool (PEN CAT).

The audit and data collection software that the project will use is PEN CAT. Practices will need to operate medical and billing software compatible with [PEN CAT and CAT Plus Clinical Compatibility](#).

4. Be able to complete the project between March 2019 and March 2020.

All quality improvement funding will be allocated in instalments, based on practices meeting scheduled activity and reporting milestones. Mandatory activities are outlined in the project requirements.

Assessment and selection criteria

Upon application, eligible general practices will be assessed by a selection panel against the Innovation in Cancer Screening QI activity criteria below.

- Ability to meet project activity requirements (35%)
- Demonstrated understanding of project activities (50%)
- Anticipated barriers to project activity requirements (15%)



Practice participation criteria

General practices that participate in the project will be required to undertake the following:

1. Provide protected time for general practice orientation visit by NWMPHN project team.

Successful practices will be required to sign a contract and submit a project plan outlining details and project deliverables. Project milestones, practice roles and responsibilities will be articulated in the NWMPHN contract. A NWMPHN project team member will discuss project aims in an orientation visit. This enables the practice to respond to any queries about the project and discuss project timelines.

2. Provide protected time for staff to attend three cancer screening and QI learning workshops with subject matter experts.

Participating practice teams will be required to attend three cancer screening and quality improvement learning workshops (two hours per workshop, in April 2019, November 2019 and March 2020) designed to gain knowledge and confidence and promote a culture of learning. Workshops are an opportunity for practice and clinical staff to share learnings and refine project outcomes. A minimum of two practice staff including one GP will be required to attend learning workshops. RACGP points will also be allocated to these sessions.


3. Provide protected time for staff and clinicians to participate in QI activity.

General practices must be able to demonstrate a commitment to participating in the project by allocating the identified dedicated general practice team members protected time to undertake project activities, which include the implementation of six Plan-Do-Study-Act (PDSA) cycles, attendances at clinical and QI training events, and completion of evaluation and reporting requirements.

4. Install and maintain an up-to-date version of audit and data collection software.

The practice will be responsible for the provision, maintenance and updates of clinical software and PEN CAT. Technical support requirements for PEN CAT software will be directed to PEN CS Phone Support Line. These are provided at no cost to the practice.

Data for the project will be collected using the audit and data collection software, PEN CAT, developed and managed by the PEN Clinical Systems Company. Once installed, the software does not require GP or administrative time to extract data, as the software extracts information directly from PENCs-compatible medical software. NWMPHN extracts monthly non-identifiable data automatically. Each participating practice will have access to a CAT Plus license. CAT Plus enables general practices across the catchment to access the full suite of PCS tools including the PEN Clinical Audit Tool (PEN CAT), more information on these tools can be found on [the PEN CS website](#). General practices participating in the project will be required to verify or sign a CAT Plus Agreement, and if necessary install CAT Plus and PEN Scheduler. The



installation of these tools will allow practices to view and benchmark their performance against other practices in the NWMPHN catchment.

5. Provide protected staff time for completion of reporting and evaluation requirements to NWMPHN.

All practices will be required to participate in the evaluation of the program. Practices participating in the project will be required to complete selected qualitative and quantitative evaluation tools to inform project outcomes. These will include qualitative surveys for practice staff, including GPs, and NWMPHN progress reports – used as reflection tools to refine project outcomes. The practice's bimonthly QI cycles will be supported by the NWMPHN project team member to ensure activities meet project outcomes.

6. Participate in six Quality Improvement Cycles.

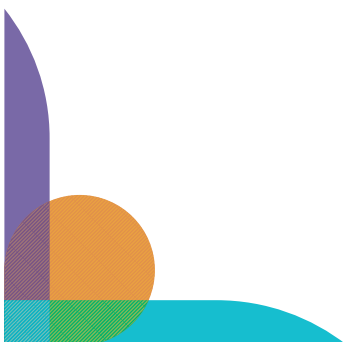
It is anticipated that practices will be able to plan and undertake improvement activities using the Quality Improvement [model](#) to help set aims and track progress on improving cancer screening participation rates in low screening areas. Over the course of the project, six quality improvement cycles will be undertaken.

7. Participate in regular general practice support visits by the NWMPHN team.

The project has a NWMPHN project team who will support successful applicants throughout their participation in the project. Nominated practice staff will meet with the NWMPHN project team member in an orientation meeting at the practice. The orientation meeting will provide an overview of the project deliverables and resources available through NWMPHN that will support the practice throughout the project. The dedicated NWMPHN project team member will be available by phone and email throughout the project to address any enquiries or issues that arise.

8. Share learnings, achievements and collaborate with others.

In the spirit of quality improvement and collaboration, successful general practices will be required to share learnings and achievements. This may occur at education events, general practice visits, online and/or through NWMPHN media publications.



Key activity milestones

Activity	Date
Applications open	29 January 2019
Applications close	14 February 2019
Practices selected by project selection panel	21 February 2019
General practice applicants notified	12 March 2019
Orientation meeting with practice	March 2019
Practices enrolled in activity	March 2019
PEN CAT installed or verified at each practice	March – April 2019
Training workshops	April 2019, November 2019, March 2020
Baseline data collection (monthly data collection)	April 2019
Quality Improvement Activity	April 2019 – April 2020
Outcome data collection (monthly deidentified data and qualitative measures)	May 2020
Project evaluation period	May – June 2020

Contact

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