

With Thanks



June 21, 2021

- Dr. Ed Kucharski
- Dr. Jennifer Rayner
- Diana Noel
- Teresa Wetselaar
- Dr. Neil Naik



Cancer Screening During The Pandemic And Onwards



association of family
health teams of ontario



Alliance for Healthier Communities
Alliance pour des communautés en santé



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Ontario College of
Family Physicians

Leaders for a healthy Ontario



Cancer Screening During The Pandemic And Onwards

Moderator: Dr. Ed Kucharski

Family Physician

Regional Primary Care Lead (Toronto Central)

Panelists:

- Dr. Jennifer Rayner, Director of Research and Evaluation, Alliance for Healthier Communities
- Diana Noel, Executive Director, Village Family Health Team
- Teresa Wetselaar, NP, West Parry Sound Health Centre, NPLCA
- Dr. Neil Naik, Family Physician, Interim Regional Primary Care Lead (Waterloo Wellington)

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

Objectives

- To distinguish the guidance for resuming breast, cervical and colorectal cancer screening resumption amidst the many waves of the pandemic.
- To demonstrate how to use data to understand and address health inequities in screening/tailoring service delivery as well as tools to improve screening rates.
- To identify creative approaches such as EMR queries, clinics and much more.

Disclosure of Financial Support

This CPD program has received in-kind support from the Association of Family Health Teams of Ontario, Alliance for Healthier Communities, Nurse Practitioner-led Clinic Association, Ontario College of Family Physicians, in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

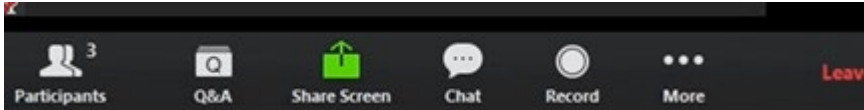
Planning Committee: Sandeep Gill (AFHTO), Dr. Ed Kucharski (Family Physician), Dr. Jennifer Rayner (Alliance for Healthier Communities), Dr. Neil Naik (Family Physician), Diana Noel (Village FHT), Teresa Wetselaar (West Parry Sound Health Centre)

Speaker Disclosure

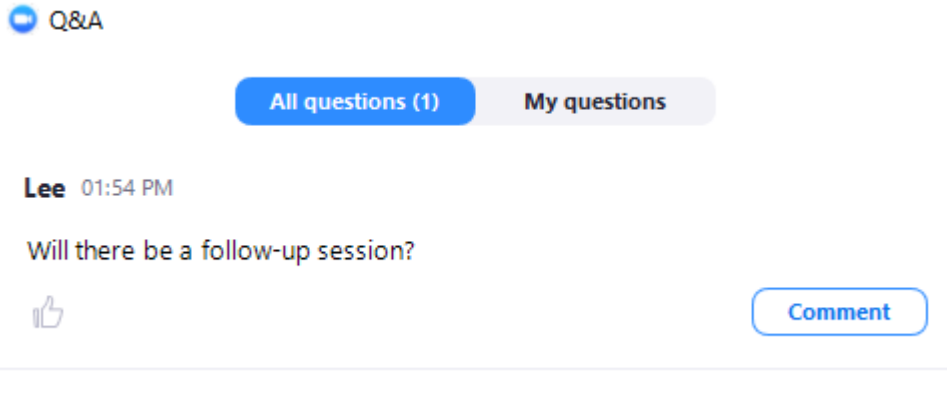
- **Dr. Ed Kucharski**
- Relationships with financial sponsors: N/A
- **Dr. Jennifer Rayner**
- Relationships with financial sponsors: N/A
- **Diana Noel**
- Relationships with financial sponsors: N/A
- **Teresa Wetselaar**
- Relationships with financial sponsors: N/A
- **Dr. Neil Naik**
- Relationships with Financial Sponsors: Syngli Inc, Baysil Inc, Inksmith Inc, Amgen, Pfizer, Abbott, Novo Nordisk, Novartis, AstraZeneca, Servier, Boehringer-Ingelheim, Dexcom, Canada Health Infoway, eHealth Centre for Excellence, McMaster University, LMC Healthcare, OHIP, Kenota Health, Kitchener-Waterloo Academy of Medicine, Cancer Care in the Waterloo Wellington Region, Lush Woodcraft
- Potential for Conflict(s) of Interest: OHIP, Interim Regional Primary Care Lead for Waterloo Wellington Cancer Program, AccessPPE, Investor: Alphabet, Orion Biotechnology, Apple, Qualcomm, Johnson & Johnson

How to Participate

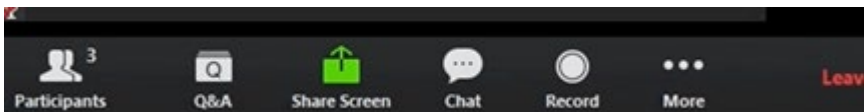
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



Ontario's Cancer Screening Programs

Program	Screen-eligible Population	Test Used
ColonCancerCheck (CCC)	Average risk people ages 50–74	Fecal immunochemical test (FIT)
	Increased risk people	Colonoscopy
Ontario Breast Screening Program (OBSP)	Average risk people ages 50–74	Mammogram
	High risk people ages 30–69	MRI and mammogram
Ontario Cervical Screening Program (OCSP)	People with a cervix ages 21–69	Pap test
Ontario Lung Screening Program (OLSP)	People ages 55–74	Low-dose chest CT

COVID-19: Cancer Screening Timeline

March 2020

- COVID -19 Wave 1
- Directive #2 issued
- Cancer screening paused
- Mailing of some cancer screening letters paused
- FIT kit mailing paused

May-July 2020

- Directive #2 amended
- Gradual resumption of services aligned to ministry and Ontario Health guidance
- Ontario Health tip sheets
- FIT kit mailing resumed

Fall 2020 -Winter 2021

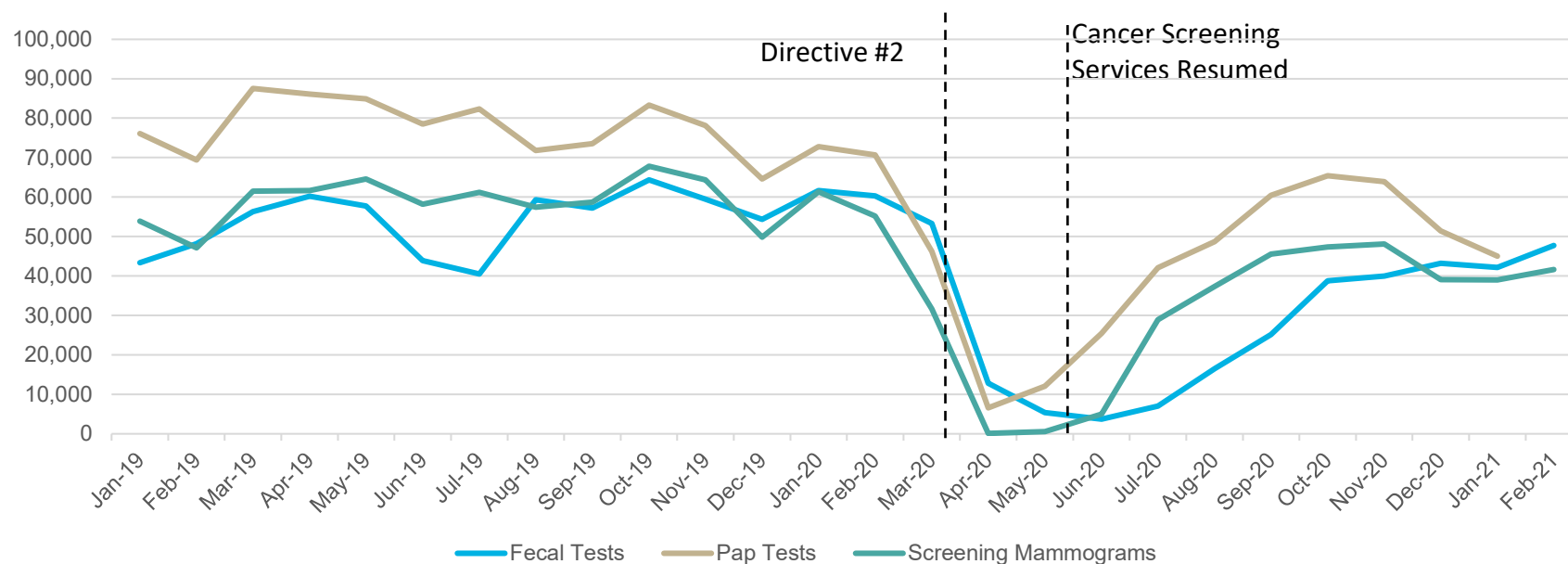
- Mailing of paused cancer screening letters resumed
- COVID-19 Wave 2
- Primary care tip sheet streamlined

Spring 2021

- COVID-19 Wave 3
- Resumption of cancer screening letters continues

Impact of COVID-19 on Cancer Screening

Cancer Screening Test Volumes January 2019 – February 2021



Resumption of Cancer Screening

- To support primary care providers with the resumption of cancer screening services, Ontario Health has developed guidance (“tip sheet”)
- Gradually resuming routine cancer screening in your practice should be based on local factors, such as
 - Capacity for in person visits
 - COVID-19 trends
 - Personal Protective Equipment

COVID-19 Tip Sheet

Program	Routine screening Standard cancer screening guidelines	Targeted cancer screening ² If you are unable to provide routine screening, prioritize these groups
OCSP (cervical)	<p>Average risk</p> <ul style="list-style-type: none"> • Cervical cytology (Pap test) every three years beginning at age 25³ for people who are or have ever been sexually active • Stop at age 70 for people with three or more normal cytology tests in the previous 10 years <p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology should receive annual screening 	<p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology

COVID-19 Tip Sheet

Program	Routine screening Standard cancer screening guidelines	Targeted cancer screening ² If you are unable to provide routine screening, prioritize these groups
CCC (colorectal)	Average risk <ul style="list-style-type: none">FIT every two years for people ages 50 to 74 with no first-degree relatives diagnosed with CRC Increased risk <ul style="list-style-type: none">Colonoscopy beginning at age 50, or 10 years earlier than the age that a first-degree relative was diagnosed with CRC, whichever occurs first	Average risk and increased risk <ul style="list-style-type: none">People 60 and older

COVID-19 Tip Sheet

Program	Routine screening Standard cancer screening guidelines	Targeted cancer screening ² If you are unable to provide routine screening, prioritize these groups
OBSP (breast)	Average risk <ul style="list-style-type: none">• Mammogram every two years for most⁴ eligible people ages 50 to 74 High Risk OBSP <ul style="list-style-type: none">• Mammogram and screening breast MRI every year for people ages 30 to 69 who are confirmed to be high risk	Where capacity challenges exist, OBSP sites have been asked to prioritize: <ul style="list-style-type: none">• High Risk OBSP screens• Average risk initial screens• Average risk one year rescreens

Key Considerations

OCSF

- Begin cervical screening at age 25
 - Based on best new evidence
 - Limited benefit to cervical screening for people under age 25
 - Cervical cancer very rare in people under age 25
 - Early cervical cell changes likely to resolve, or unlikely to become cancer before age 25
 - Aligned with other screening programs including British Columbia, Alberta in Canada and internationally, like Australia and the UK
- People with a first time LSIL or ASCUS can be rescreened with cytology in ~12 months as opposed to 6 months

Key Considerations con't

CCC

- People with a history of small hyperplastic polyp(s) in the recto-sigmoid or low risk adenoma can be screened with FIT

OBSP

- OBSP sites advised that High Risk OBSP participants should at least be screened with an annual mammogram if delays with MRI
- Participants who turn 75 in 2020 or 2021 and are due for screening do not require a mammogram referral

COVID-19 Resources Available

- Ontario Health COVID-19 webpage: <https://www.ontariohealth.ca/COVID-19/Health-System-Response-Resources>
- OMD blog: <https://ontariomd.blog/2020/11/25/emr-tips-to-help-you-resume-cancer-screening/>
- General cancer screening provider resources: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers>
- Cancer 101 Toolkit for First Nation, Inuit and Métis People: <https://www.cancercareontario.ca/en/cancer-101-toolkit>
- Coming soon: AFHTO newsletter

Other Cancer Screening Resources

- Provincial Primary Care and Cancer Network Newsletter
 - Monthly newsletter with updates, resources, events related to cancer screening
- Screening Activity Report
 - For patient enrolment model practices; provides practice-level and patient level cancer screening information (who is due, overdue, needs follow up)
- ColonCancerCheck Attachment
 - Join our roster of family physicians who are willing to take on patients that need a colonoscopy to follow up an abnormal FIT
- Physician Linked Correspondence
 - For patient enrolment model practices; cancer screening letters reminding your patients to be screened can have your name in the letter

Contact

- For more information on these resources or to subscribe to the PPCCN Newsletter contact:
primarycareinquiries@ontariohealth.ca

Cancer Screening: Community Health Centres

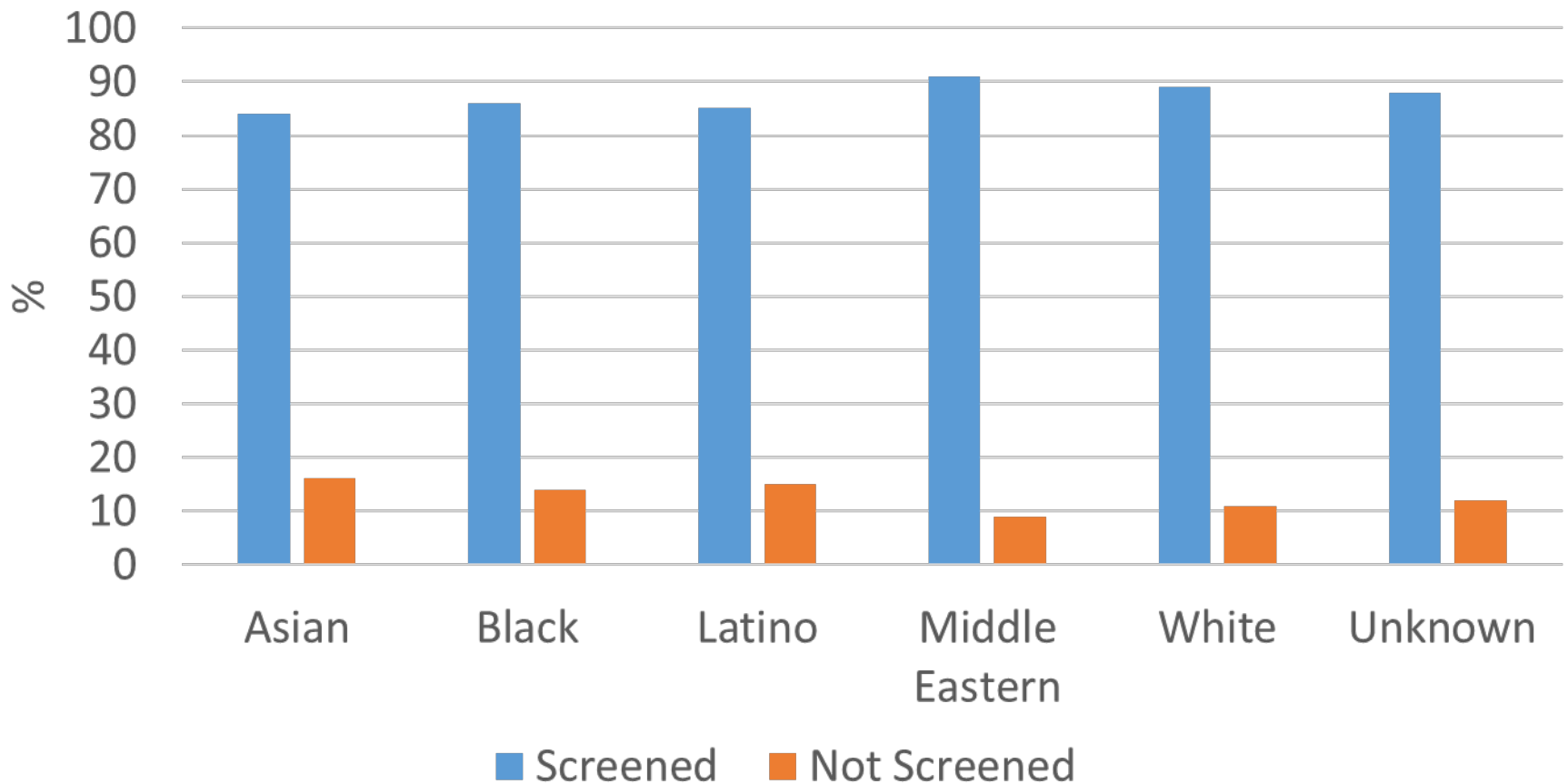
Ontario Community Health Centres



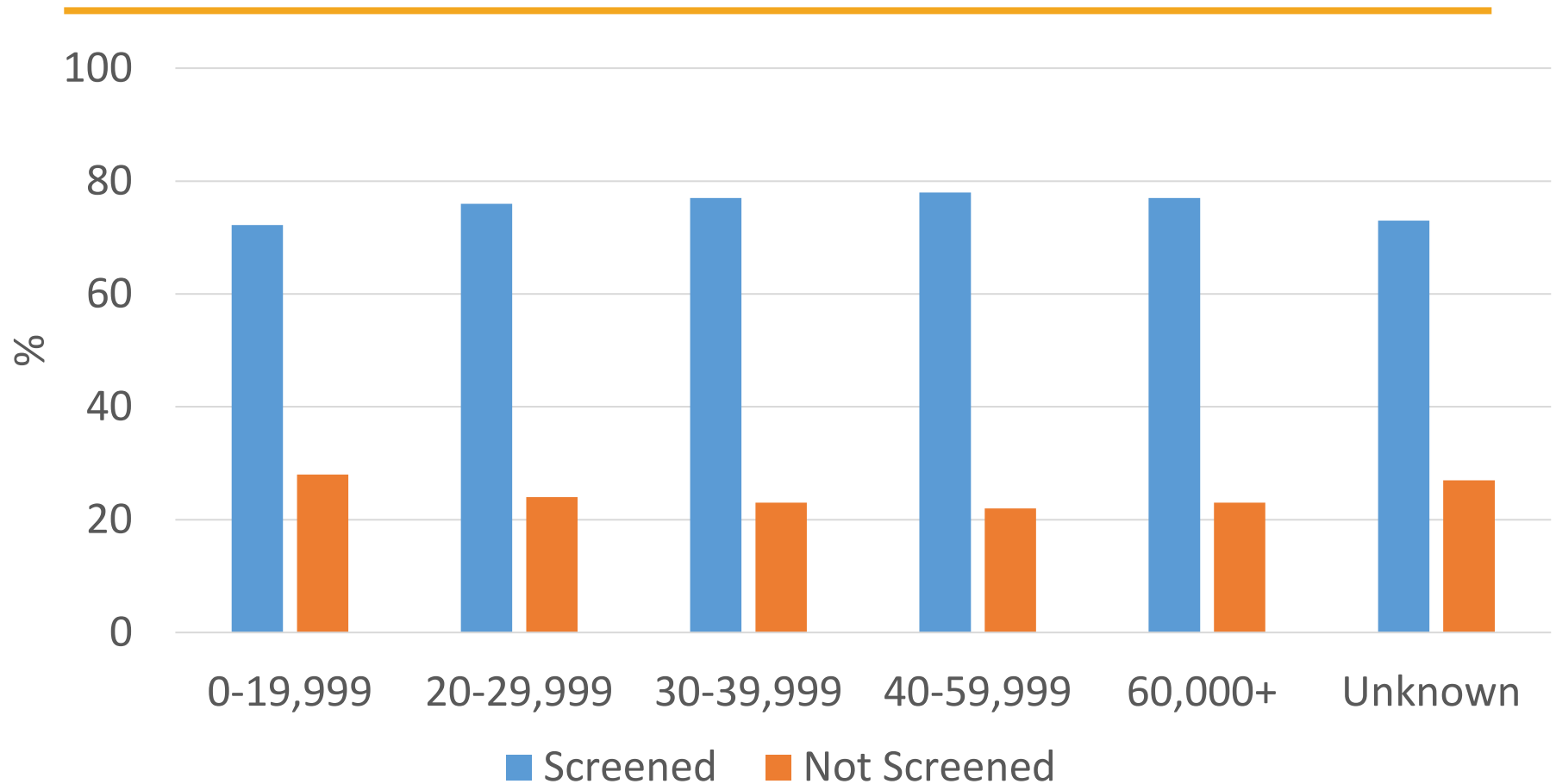
Importance of disaggregated data

- Equity informed care → Examples include:
 - Co-designed solutions & innovation
 - Health Ambassadors to promote screening & education
 - IP teams to ensure provider/gender choice is available as well as positive & safe spaces
 - Community-based & culturally tailored education & workshops
 - Mobile cancer screening bus
 - Max-packing appointments
- Data availability and equity data built into reporting
 - Can compare own centre with peers and Ontario averages
 - Can drill down into the denominator → determine who has not been screened

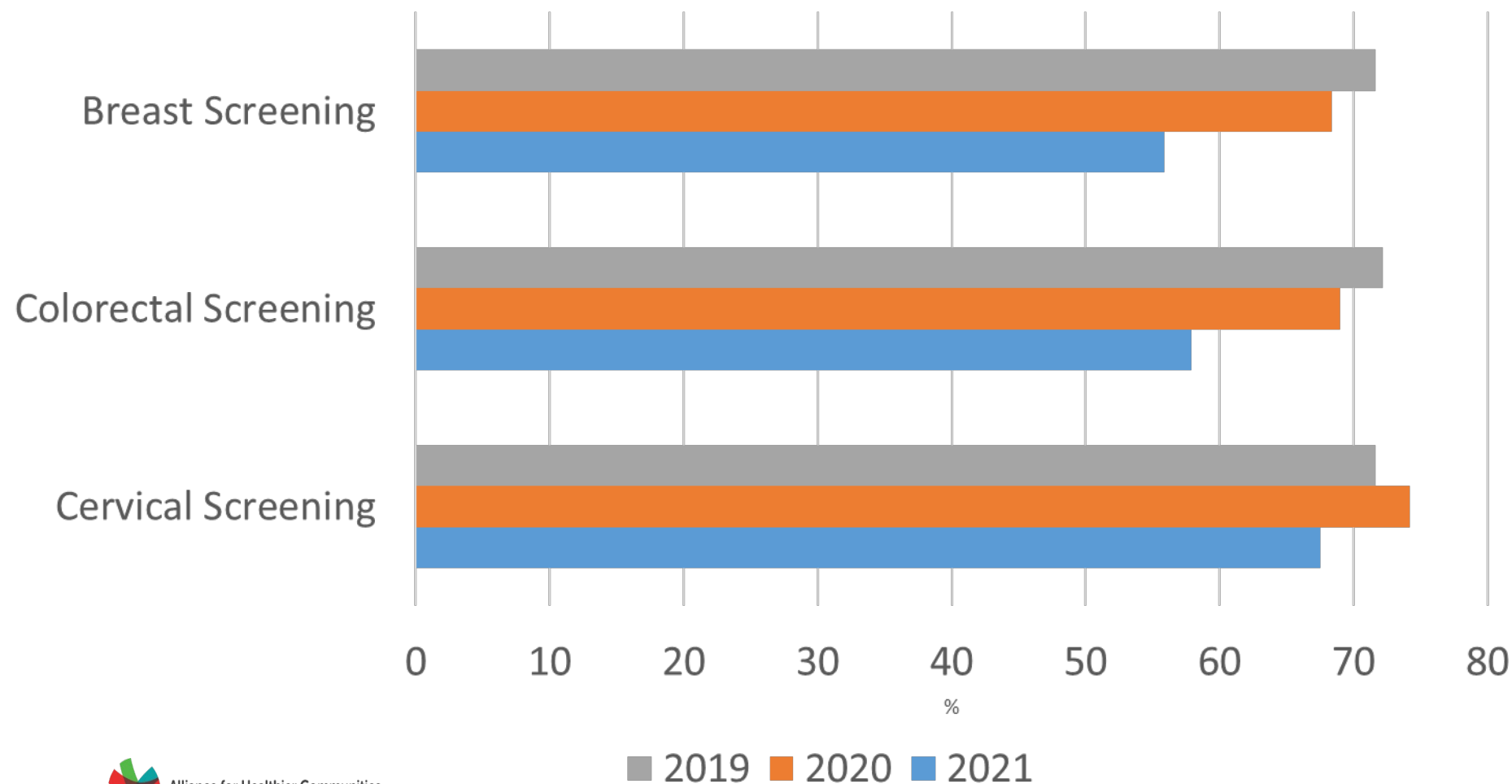
Cervical Screening: Stratified Data



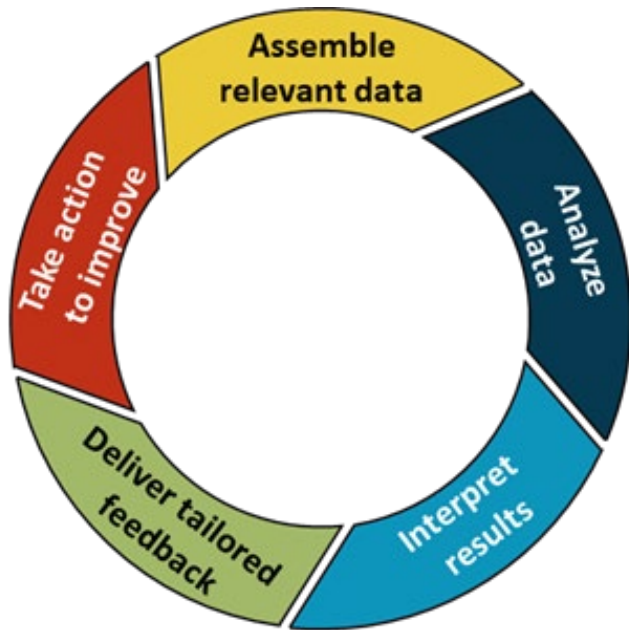
Cervical Screening: Stratified Data



Cancer Screening Rates (yearly)



Cancer Screening Backlog: Learning and Improving Together



QI project: Catch up on Cancer Screenings using equity data and improvement methods

Rationale: Currently in Ontario hundreds of thousands of people missed routine cancer screening appointments last year

Mammograms ↓ by 97%

Pap smears ↓ by 88%

Colon cancer screens ↓ by 73%

Next Steps



- Baseline data packages stratified by population groups
- 20-25 teams enrolled over the summer to start QI Learning Collaborative
- 4 months → ongoing QI cycle, sharing innovation within and beyond LC
- Measurement of uptake and continued progress

Cancer Screening During the Pandemic and Onwards

June 21, 2021

Presenter: Diana Noel, Executive Director

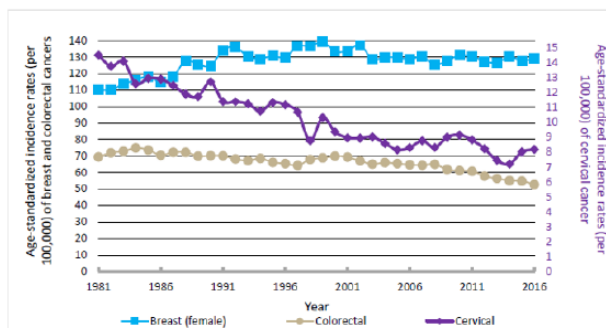


Renewed Focus on Cancer Screening is IMPORTANT

Information from Toronto Central Regional Cancer Program

35-Year Trend: Incidence and Mortality Ontario

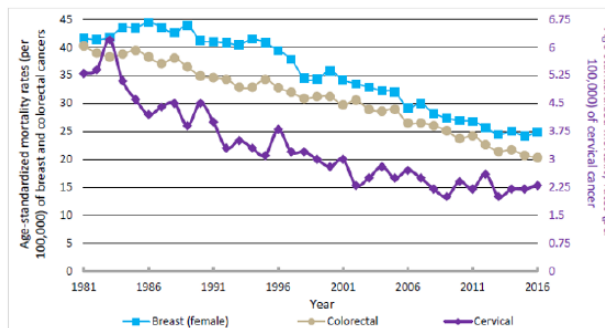
Incidence Rates for Breast (female), Colorectal, and Cervical Cancer, Ontario, 1981–2016



Note: Rates are per 100,000 and age-standardized to the 2011 Canadian population
 Data source: Ontario Cancer Registry (December 2018) Ontario Health (Cancer Care Ontario)
 Analysis by: Surveillance, Analytics and Informatics, Ontario Health (Cancer Care Ontario)

Data Source: Ontario Cancer Screening Report 2020. <https://www.cancercareontario.ca/sites/cocancercare/files/assets/OntarioCancerScreeningReport2020.pdf>

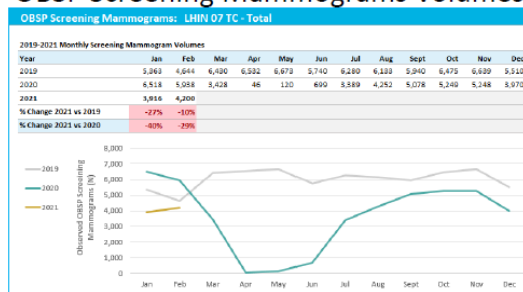
Mortality Rates for Breast (female), Colorectal, and Cervical Cancer, Ontario, 1981–2016



Note: Rates are per 100,000 and age-standardized to the 2011 Canadian population
 Data Source: Ontario Cancer Registry (December 2018) Ontario Health (Cancer Care Ontario)
 Analysis by: Surveillance, Analytics and Informatics, Ontario Health (Cancer Care Ontario)

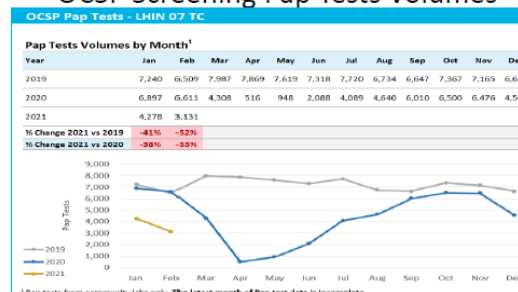
Toronto Central Covid-19 Monitoring Screening Volumes

OBSP Screening Mammograms Volumes



Data Source: COVID-19 Regional Monitoring and Planning Tool_OBSP_2021_03

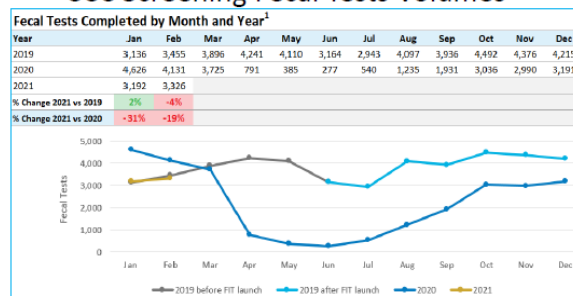
OCSP Screening Pap Tests Volumes



¹ Pap tests from community labs only. The latest month of Pap test data is incomplete.

Data Source: COVID-19 Regional Monitoring and Planning Tool_OCSP_2021_03

CCC Screening Fecal Tests Volumes

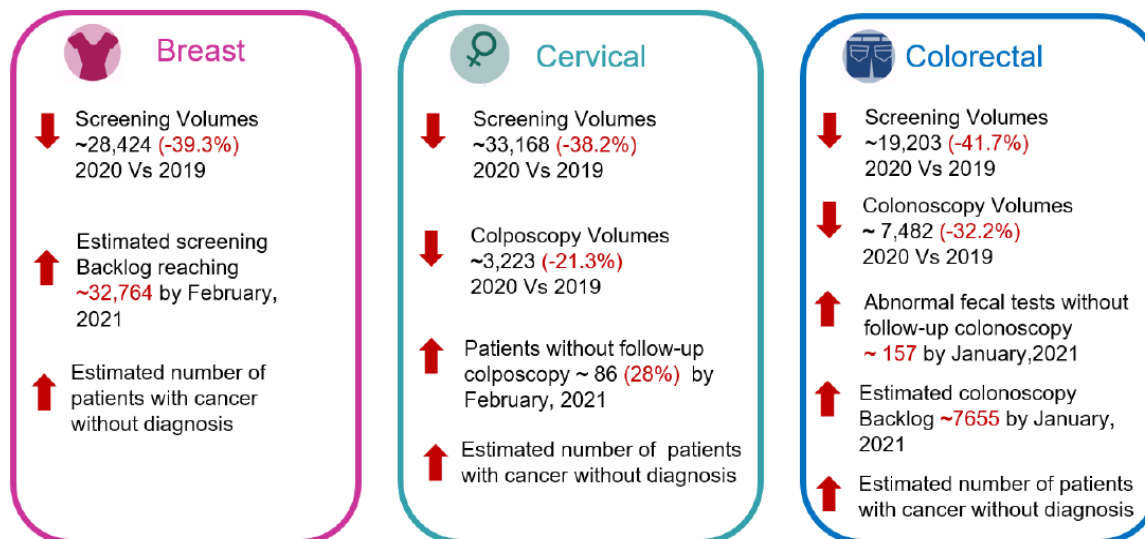


Data Source: COVID-19 Regional Monitoring and Planning Tool_CCC_2021_03



**Toronto Central
Regional Cancer Program**
in partnership with Cancer Care Ontario

Toronto Central COVID-19 Impact on Cancer Screening



Data Source: COVID-19 Regional Monitoring and Planning Tool_OBSP_2021_03, COVID-19 Regional Monitoring and Planning Tool_OCSP_2021_03, COVID-19 Regional Monitoring and Planning Tool_CCC_2021_03



Toronto Central
Regional Cancer Program
in partnership with Cancer Care Ontario



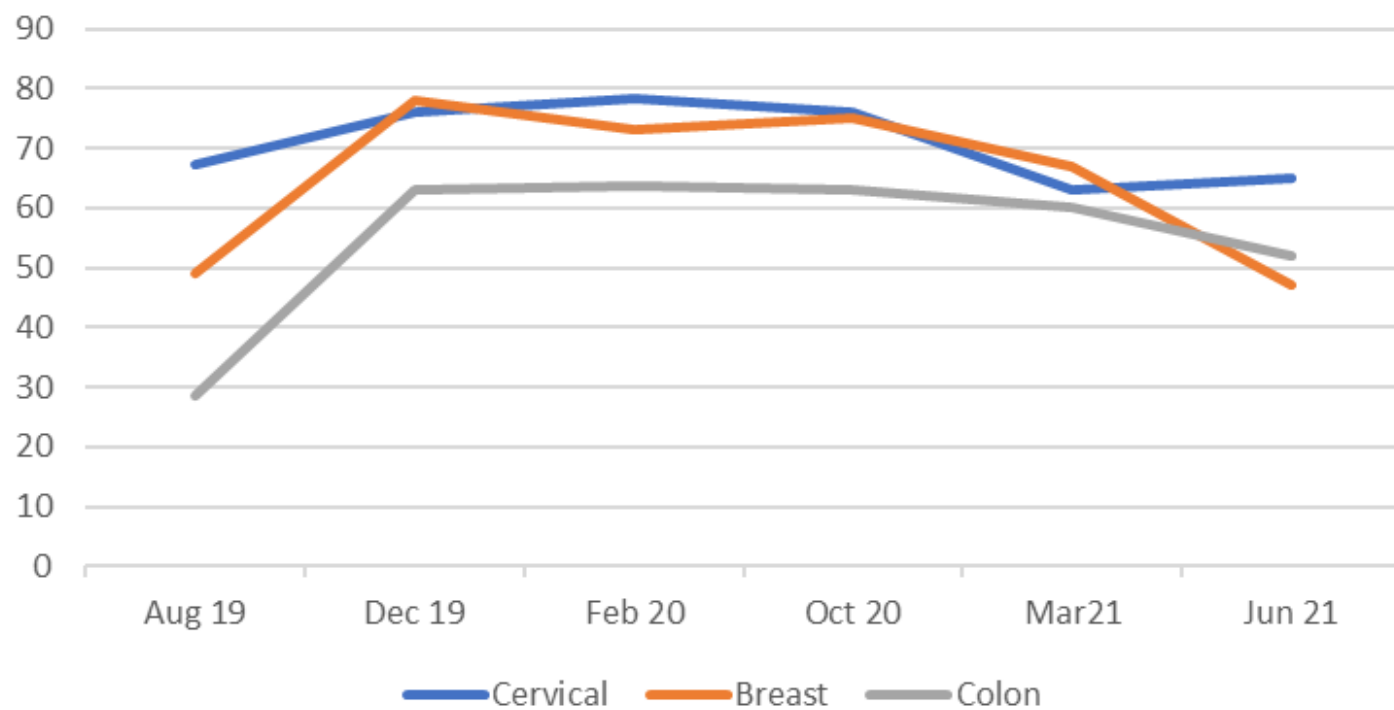
Village FHT Experience



Enablers for Cancer Screening Re-Launch in 2020

- RNs provide most PAPs
- Medical Directive supports RNs to refer to Ontario Breast Screening Program for mammography
- Unused IHP budget used to offer additional “PAP only” clinics in July/August
- Dedicated time in RN schedule to contact patients for cancer screening
- Cancer Screening Work Group (MD, RN, Reception, ED)

% Up To Date Village FHT



Cancer Screening

from the NPLC perspective

By Teresa Wetselaar, MN, NP-PHC

Clinical Co-Lead

West Parry Sound Health Centre Rural Nurse Practitioner-Led Clinic

Cancer Screening

- Many aspects of cancer screening were put on hold due to COVID:
 - FIT
 - Pap
 - Mammogram
- Some cancer screening continued despite COVID:
 - Urgent colon cancer screening for positive FOBT
 - Breast imaging for lesions/masses found
 - Urgent imaging for lesions/masses of concern
 - Ongoing follow-up for abnormal findings previously detected and other concerns being monitor



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Cancer Screening

- How the NPLCs do it:
 - The NPLCs utilize Telus PS Suite and Accuro platforms
 - Each clinic has their own register of primary care patients for whom they are responsible



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Cancer Screening

- The NPLC sites have continued to see patients either virtually or in-person throughout the COVID experience:
 - Cancer screening that has been put on hold due to COVID is communicated to patients either over the phone or in-person
 - Cancer screening not put on hold due to COVID has continued



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Cancer Screening

- The NPLC sites can look at patients/cancer screening in 3 ways:
 - A search is carried out to find patients who need certain screenings done
 - A list of patients is created and each patient is quickly reviewed
 - At each visit (virtual or in-person) or encounter with the chart (looking something up or renewing medications)



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Cancer Screening

- Once the patient has been identified for cancer screening:
 - The patient is informed either over the phone or during an in-person visit
 - Cancer screening is performed
 - Requisitions are created
 - Reminders are activated for follow-up purposes



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Cancer Screening

- Once the patient had the cancer screening completed:
 - The patient is informed of the results either over the phone or during an in-person visit
 - Further follow-up referral created if needed
 - Advocating for urgent referral when needed



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Cancer Screening

- After each cancer screening is completed and resulted negative:
 - A reminder is created for successive screenings
 - The patient is informed of the negative result and the timeframe for next cancer screening interval



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Waterloo Wellington
Regional Cancer Program
in partnership with Cancer Care Ontario

Cancer Screening Care Catchup

How to use the SAR to get your bonus and Mainpro Credits

June 21, 2021

Dr. Neil Naik

Interim Regional Primary Care Lead
Assistant Clinical Professor, McMaster University – WRC
Chair, Primary Care Council, KW4 OHT
Physician Advisor, eHealth Centre for Excellence



Impact of COVID-19

- All cancer screening programs, except cervical cancer screening stopped
- Slowly has restarted
- As a result, we are looking to catch the population up with their cancer screening (breast, colorectal, cervical)



What makes it difficult

- Annual physicals are not recommended – Billing codes are removed
- Patients are not in person where time is more easily available
- Virtual care tends to put a subconscious pressure on both sides to finish conversations
- Small talk is usually eliminated



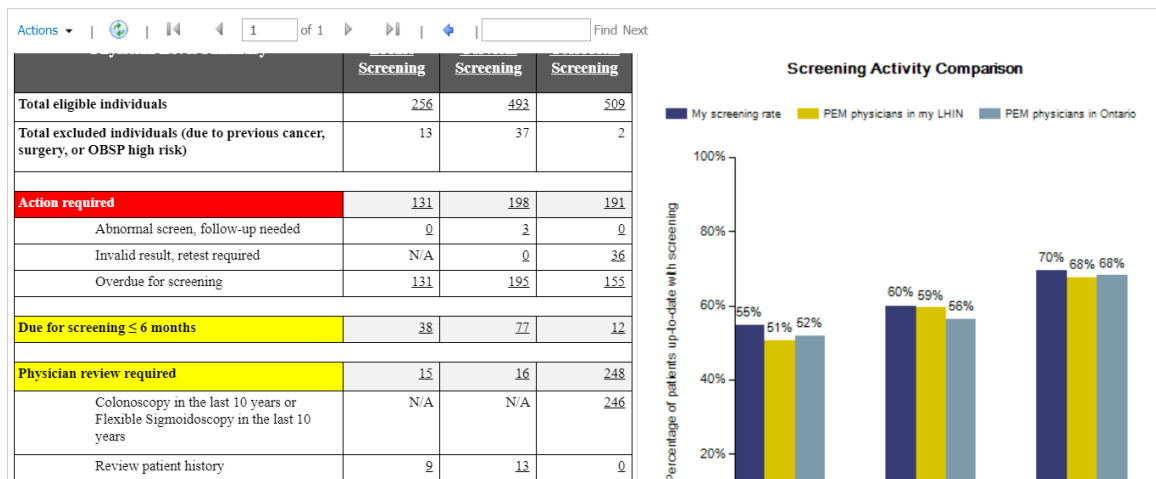
How the SAR can help you, alongside your EMR

- See your practice from a “top-view”
- We’re not just treating the 20% of patients who present with a medical issue
- Able to click and see granular detail
- Organize lists for priority ordering
- Able to provide true preventative care without a physical visit needed



Screening Activity Report (SAR)

- Tool to support clinicians to screen patients from a system level down to the granular level





SAR

- Can be used to increase preventative care bonus payments.
- Is accessed through the internet. No computer programs are required to view the SAR. However, you are able to export the SAR reports to pdf or excel if need be.
- Is updated on the 10th calendar day every month to provide timely breast, cervical and colorectal cancer screening data.
- Has excellent support videos located at www.cancercare.on.ca/SAR



Accessing the SAR

1. Go to
<https://my.cpsso.on.ca/>
2. Log in

1. Scroll down to the
last row
2. Click on "Register
for Ontario Health's
ONE ID"

3. Read the details,
scroll to the bottom,
consent for sharing of
information, and click
"Sign up"

Follow the prompts
and fill in the
appropriate
information to obtain
your ONE ID

Register for Ontario Health's ONE ID

ONE ID is Ontario Health's digital identity and access management system which allows health care professionals to securely access electronic health care applications such as ConnectingOntario, ClinicalConnect, OTN Hub, and CCO with a single username and password.



- Once registered with ONE®ID you may access the SAR by following these three steps:
 - STEP 1—Log onto CCO’s website at www.cancercare.on.ca/SAR
 - STEP 2—Click on the orange, “**Access your SAR**” button (seen below)
 - STEP 3—Enter your ONEID login credentials

Screening Activity Report (SAR)

The SAR is an online tool available to primary care physicians who practice as part of a patient enrolment model, or to non-patient enrolment model physicians and nurses who practice in the Sioux Lookout Municipality and Sioux Lookout Zone (27 First Nation communities). It provides screening data for breast, cervical and colorectal cancers to help physicians improve their cancer screening rates and appropriate follow-up. The report platform is interactive, allowing physicians to quickly find specific cancer screening information for each patient.

[Access your SAR](#)

[Forgot your ONE® ID login? ↗](#)

[Forgot your ONE® ID password? ↗](#)

[Edit your ONE®ID profile or manage delegates ↗](#)

[About the Report](#)

[Support Information](#)

[How to Register](#)

[Privacy](#)



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

To make a collated list

Actions ▾ | | | | 1 of 1 | | Find Next

Screening Activity Report (SAR) as of 31-Dec-2020

Dashboard

Physician: NEIL NAIK CPSO: 108785

LHIN: Waterloo Wellington

[Go to Summary](#)

Physician Level Summary	Breast Screening	Cervical Screening	Colorectal Screening
Total eligible individuals	256	493	509
Total excluded individuals (due to previous cancer, surgery, or OBSP high risk)	13	37	2
Action required	131	198	191

Screening Activity Comparison

■ My screening rate ■ PEM physicians in my LHIN ■ PEM physicians in Ontario

100%

ing



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

Actions ▾ | | | | 1 of 28 | | | Find Next

Enrolled Patients Screening Summary as of 31-Dec-2020

[Go to Dashboard](#)

Physician: NEIL NAIK CPSO: 108785

Patient Information						Screening Status					
						Breast		Cervical		Colorectal	
Surname	Given Name	HIN	Date of Birth	Age ⚙	Sex	Eligible	Status ⚙	Eligible	Status ⚙	Eligible	Status ⚙
				50	M	N		N		Y	Action
				58	M	N		N		Y	Review
				38	F	N		Y	Action	N	
				50	M	N		N		Y	Action
				39	F	N		Y	Normal	N	
				43	F	N		Y	Action	N	
				51	F	Y	Action	Y	Action	Y	Action
				34	F	N		Y	Normal	N	



Prevention & Screening

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Resources

Actions ▾ | | | | 1 of 1 | | Find Next

Breast Screening		Cervical Screening		Colorectal Screening	
Screening Status		Screening Status		Screening Status	
Sub-status	Normal screen	Sub-status	Overdue	Sub-status	Provider to review
Breast Cancer Date		Cervical Cancer Date		Colorectal cancer date	
Mastectomy Date		Hysterectomy date		Colectomy date	
OBSP high risk		Most recent Pap date		Most recent FIT/FOBT date	
Most Recent mammogram date		Most recent Pap result		Most recent FIT/FOBT result	
Most Recent mammogram result	Normal	Most recent abnormal Pap date		Most recent abnormal FIT/FOBT date	
Screening recall	Return 2 Yr	Most recent abnormal Pap result		Most recent abnormal FIT/FOBT result	
Most recent abnormal mammogram date		Most recent follow-up/diagnostic date		Most recent Colonoscopy	
Most recent abnormal mammogram result	Abnormal	Most recent follow-up/diagnostic type		Most recent Flexible Sigmoidoscopy	
Most recent follow-up/diagnostic date				Most recent follow-up/diagnostic date	
Most recent follow-up/diagnostic type	Breast Ultrasound			Most recent follow-up/diagnostic type	
Final result	Benign				

Confidential - Contains Personal Health Information



Prevention & Screening

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Enrolled Patients Screening Summary as of 31-Dec-2020

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Physician: NEIL NAIK CPSO: 108785

Patient Information						Screening Status					
						Breast		Cervical		Colorectal	
Surname	Given Name	HIN	Date of Birth	Age ⚙	Sex	Eligible	Status ⚙	Eligible	Status ⚙	Eligible	Status ⚙
				50	M	N		N		Y	Action
				58	M	N		N		Y	Review
				38	F	N		Y	Action	N	
				50	M	N		N		Y	Action
				39	F	N		Y	Normal	N	
				43	F	N		Y	Action	N	
				51	F	Y	Action	Y	Action	Y	Action
				34	F	N		Y	Normal	N	



Prevention & Screening

Diagnosis

Treatment

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Resources

Actions ▾ | | | | 1 of 28 | | |

Screening Summary as o

Open with Report Builder

New Data Alert

Export ▸

- XML file with report data
- CSV (comma delimited)
- PDF
- Excel
- TIFF file
- Word
- MHTML (web archive)

Surname	Given Name	Sex
		M
		M
		F
		M
		F
		F
		F
		F

51



Prevention & Screening

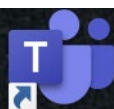
Diagnosis

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Palliative/End-Of-Life Care

Resources



Microsoft
Teams



paint.net



VLC media
player



enrolledPatie
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csv



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	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Textbox117													
2	CPSO number 108785 is not valid													
3														
4	SURNAME	GIVEN_NAME	HIN	BIRTH_DATE	AGE_AS_OF	SEX_CD	CALC_OBSI	OBSP_STA1	CALC_OCSI	OCSPI_STA1	CALC_CCC	CCC_STATUS		
5	15522	15522	15522	15522	50	M	N		N		Y	Action		
6	15522	15522	15522	15522	58	M	N		N		Y	Review		
7	15522	15522	15522	15522	38	F	N		Y	Action	N			
8	15522	15522	15522	15522	50	M	N		N		Y	Action		
9	15522	15522	15522	15522	39	F	N		Y	Normal	N			
10	15522	15522	15522	15522	43	F	N		Y	Action	N			
11	15522	15522	15522	15522	51	F	Y	Action	Y	Action	Y	Action		
12	15522	15522	15522	15522	34	F	N		Y	Normal	N			
13	15522	15522	15522	15522	52	M	N		N		Y	Review		
14	15522	15522	15522	15522	52	F	Y	Review	Y	Normal	Y	Normal		
15	15522	15522	15522	15522	69	F	Y	Normal	Y	Action	Y	Review		
16	15522	15522	15522	15522	73	M	N		N		Y	Review		
17	15522	15522	15522	15522	47	F	N		Y	Review	N			
18	15522	15522	15522	15522	64	M	N		N		Y	Action		
19	15522	15522	15522	15522	71	F	Y	Action	N		Y	Action		
20	15522	15522	15522	15522	72	M	N		N		Y	Action		
21	15522	15522	15522	15522	45	F	N		Y	Normal	N			
22	15522	15522	15522	15522	50	M	N		N		Y	Action		
23	15522	15522	15522	15522	42	F	N		Y	Normal	N			
24	15522	15522	15522	15522	36	F	N		Y	Normal	N			
25	15522	15522	15522	15522	58	M	N		N		Y	Action		
26	15522	15522	15522	15522	47	F	N		Y	Normal	N			
27	15522	15522	15522	15522	58	F	Y	Action	Y	Normal	Y	Action		
28	15522	15522	15522	15522	29	F	N		Y	Normal	N			



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources



Delete
✓



Format
▼



AutoSum ▼



Fill ▼



Clear ▼



Sort &
Filter ▼



Find &
Select ▼



Share



Comments



Analyze
Data

Analysis



Sensitivity
▼

Sensitivity





Σ AutoSum ▼
↓ Fill ▼
✖ Clear ▼



Sort &
Filter ▼



Find &
Select ▼



Analyze
Data



Sensitivity
▼



Sort Smallest to Largest



Sort Largest to Smallest



Custom Sort...



Filter



Clear



Reapply



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

SURNAM ▼ GIVEN_I ▼ HIN ▼ BIRTH_DA ▼ AGE_AS ▼ SEX_CD ▼ CALC_O ▼ OBSP_S ▼ CALC_O ▼ OCSP_S ▼ CALC_C ▼ CCC_ST ▼ JS



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

GE_AS ▾ SEX_CD ▾ CALC_O ▾ OBSP_STATUS ▾

50 ⚡↓ Sort A to Z
58 ⚡↓ Sort Z to A
38 ⚡↓ Sort Z to A
50 Sort by Color >
39 Sheet View >
43
51 🔍 Clear Filter From "OBSP_STATUS"
34
52 Filter by Color >
52 Text Filters >
69
73 Search 🔍
47 ☒ (Select All)
64 ☒ Action
71 ☒ Normal
72 ☒ Review
45 ☒ (Blanks)
50
42
36
58
47
58
29
68
74
48
--

OK Cancel

Search



- ☐ (Select All)
- ☒ **Action**
- ☐ Normal
- ☐ Review
- ☐ (Blanks)



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

EN_I HIN BIRTH_DA AGE_AS

Sort Smallest to Largest

Sort Largest to Smallest

Sort by Color

Sheet View

Clear Filter From "AGE_AS_OF_REPORT"

Filter by Color

Number Filters

Search

(Select All)

50

51

52

53

54

55

56

57

58

59

60

61

62

OK

Cancel



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

4	SURNAM	GIVEN_I	HIN	BIRTH_DA	AGE_AS	SEX_CD	CALC_O	OBSP_STATUS	CALC_O	OCSP_STATUS	CALC_CD	CCC_STATUS
145	COOMAN	IVAN	000000	000000	50	F	Y	Action	Y	Action	Y	Action
190	COOMAN	MARILYN	000000	000000	50	F	Y	Action	Y	Review	Y	Action
433	TELL	STANLEY	000000	000000	50	F	Y	Action	Y	Normal	Y	Review
456	TELL	NIKI	000000	000000	50	F	Y	Action	Y	Normal	Y	Action
474	MARILYN	COOMAN	000000	000000	50	F	Y	Action	Y	Normal	Y	Review
528	MARILYN	COOMAN	000000	000000	50	F	Y	Action	Y	Normal	Y	Action
573	COOMAN	IVAN	000000	000000	50	F	Y	Action	Y	Action	Y	Action



Prevention & Screening

Diagnosis

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Resources

Prev Care

FIT Req

Bill FIT (Q150)

WT

HT

Lab and Antenatal

Prev Care Tool - EWFHT v3.0



File

Prev Care Summary - [REDACTED]

EW FHT v3.0

Close

Screening	Status (Eligibility)	Last Test (Follow Up)	Due Date of Next Test	Response
Cervical	Due	Pap	Pap	Add
Breast	Due	Mammogram	Mammogram	Add
Colorectal	Due	5 FOBT	8 FIT	Change FIT neg 2019 Jan 14, 2019
BMD	Excluded Does not meet criteria			Add

Discard

Add to Notes



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

Dr Neil Naik - PSS

File Edit Style Settings Patient View Data Letter OLIS

Mouse, Mickey

ON

neil.naik@gmail.com

No known allergies Jul 22, 2019

[Ask about Gardasil Vaccine](#)
[Tetanus shot due](#)

384 • Email

Prev Care **FIT Req**
BIII FIT (Q150) **W**

☐ Jan 4, 2021
Start: [rosuvastatin 10 mg 1 t](#)

☐ Jan 22, 2021
Secure Ocean message sent to
Please complete the form on the next page

☐ Jan 22, 2021
Regarding the Ocean secure message sent on Jan 22, 2021 3:08 am:

- New Progress Note Ctrl+N
- New Letter... Ctrl+L**
- New Diagram... Ctrl+Shift+G
- New Custom Form... Ctrl+Shift+I
- New Report... Ctrl+R
- Absentee Note... Ctrl+Alt+A
- Pending Test or Consult... Ctrl+K
- Prescribe... Ctrl+B
- New Treatment... Ctrl+J
- Perform Treatment...
- Change Selected Treatment...
- Discontinue Selected Treatment...
- New Allergy... Ctrl+Shift+A
- Change Allergy...
- Fast Profile Entry... Ctrl+Enter
- New Current Problem... Ctrl+Shift+P
- New History of Past Health Item... Ctrl+Alt+P
- New Family History Problem...
- New Risk Factor...
- Lab Manual Result... Ctrl+Y
- New Special Note

al Im po

HF

NN

OCNC

OCNC



The screenshot shows a window titled "Addressees" with a close button (X) in the top right corner. The window contains several sections for adding recipients:

- To:** A text input field containing "Mickey Mouse". To its right, the text "Mickey Mouse ON Dear Mickey: neil.naik@gmail.com" is visible. Below the input field are two buttons: "One-Time Address" and "This Patient". The "This Patient" button is circled in red.
- CC:** Three identical sections follow, each consisting of an empty text input field and two buttons: "One-Time Address" and "This Patient".

At the bottom of the window are two buttons: "Cancel" on the left and "OK" on the right, enclosed in a blue border.



Stamp Chooser

- nnpap
- nnphys
- nnpreginital
- nnproc
- nnRash
- nnref
- nnshingles
- nnshoulder
- nnsidnote
- nnsleepwalking
- nnsleepingFU
- nnsleepinginitial
- nnSummaryChart
- nnTravel
- nntremor
- normalawakeeeg
- normalsleepEEG
- normocytanemia
- obeletter
- obesity
- OCP
- OCPRenewal
- Opioid_PatientLinks
- OpioidTreatmentAgreement
- Osteoporosis
- Osteoporosisemail
- OSTEOPOROSISinfo
- OUTSIDEuse
- ovariancyst
- Parkinsons
- Patientmeds
- PCOSbloodwork
- pediatrichydrocele
- Perera
- perimenstrualbleeding
- peripheralNERUOPATHY
- PHONECOVIDDISCLAIMER
- postlivertransplant
- postMI
- postpartum
- Poverty
- pregnancy
- prenatalGENETICSounselling
- prevlet
- prevletter
- prevpap
- Profile
- progesteroneinpregnancy
- Prudencio

I hope this letter finds you well.

I have done a chart review, and noted that you are overdue for preventative care testing.

You are due for:

- «- Cervical Cancer Screenings»
- «- Colorectal Cancer Screening»
- «- Breast Cancer Screening»
- «- Osteoporosis Screening»

«Cervical Cancer Screening is performed via a pap smear which is done in our office. Please call my office to book an appointment. »

«Colorectal Cancer Screening «is done using the new FIT kits. A kit has been ordered for you, and will be sent to your address on file. Instructions are in the kit. If you do not receive one, please let our office know.» «Your colorectal cancer screening is recommended to be done with a procedure called a colonoscopy. Please let us know if you are ok with us referring you for a colonoscopy. Please call our office if you have any questions or concerns.»»

«Breast Cancer Screening «has been ordered for you at Freeport Hospital.» «can be ordered for you at the imaging lab in our building or any other diagnostic imaging site in town, the requisition is attached.» »

«Osteoporosis Screening can be ordered for you at the imaging lab in our building or any other diagnostic imaging site in town, the requisition is attached. »

Our office number is 519-571-7496.
For non-ER, same-day issues (not preventative care), please call THAS after 5pm at 1-866-553-7205.
For emergencies, please call 911.

Thanks so much,

Cancel

Please select a stamp or keyword.



Prevention & Screening

Diagnosis

Treatment

Survivorship

Palliative/End-Of-Life Care

Resources

To: Mickey Mouse

Dear Mickey:

I hope this letter finds you well.

I have done a chart review, and noted that you are overdue for preventative care testing.

You are due for:

«- Cervical Cancer Screening»

«- Colorectal Cancer Screening»

«- Breast Cancer Screening»

«- Osteoporosis Screening»

«Cervical Cancer Screening is performed via a pap smear which is done in our office. Please call my office to book an appointment. »

«Colorectal Cancer Screening «is done using the new FIT kits. A kit has been ordered for you, and will be sent to your address on file. Instructions are in the kit. If you do not want to be done with a procedure called a colonoscopy. Please let us know if you are ok with us referring you for a colonoscopy. Please call our office if you have any questions or concerns.»

«Breast Cancer Screening «has been ordered for you at Freeport Hospital.» «can be ordered for you at the imaging lab in our building or any other diagnostic imaging site in town.»

«Osteoporosis Screening can be ordered for you at the imaging lab in our building or any other diagnostic imaging site in town, the requisition is attached. »

Our office number is 519-571-7496.

For non-ER, same-day issues (not preventative care), please call THAS after 5pm at 1-866-553-7205.

For emergencies, please call 911.

Thanks so much,

Patient...



Prev NN Msg

NN: 8 messages + 12 overdue for others

Next NN Msg



Send the letter to the patient

- Either secure email, fax, mailout
- As per CMPA rules, emailing from the chart directly to the patient (unsecured) is not considered safe, and thus cannot be recommended
- Or just call them...



Patients Excluded from Screening

Breast: Enrolled Patients 50-74

As of 30-Nov-2013

Physician: HG-270 HS-3

Patient Information						Screening status		Exclusions		OBSP high Risk	Most recent mammogram			Most recent abnormal mammogram
Surname	Given name	HIN	Date of birth	Age	Sex	Screening status	Sub-status	Breast cancer (date)	Mastectomy (date)		Date	Result	Screening recall	Date
S-390	G-011	11111111111	01-Jul-1950	63	F	N/D	Excluded due to		01-Aug-2012		28-Feb-2013	Normal	Return 2 Y	
S-421	G-167	11111111111	01-Jul-1950	63	F	Review	Due for screening				17-Oct-2009	Normal	Return 2 Y	
S-091	G-195	11111111111	01-Jul-1950	63	F	Action	Overdue for	08-Apr-2007	09-Sep-2006			N/D	Unknown	
S-534	G-459	11111111111	01-Jul-1950	63	F	N/D	Excluded due to		24-Apr-2013		21-Nov-2013	Normal	Return 2 Y	
S-857	G-729	11111111111	01-Jul-1950	63	F	N/D	Excluded due to		16-Apr-2013		12-Nov-2013	Normal	No Recall	22-May-2008
S-931	G-197	11111111111	01-Jul-1950	63	F	N/D	Excluded due to		24-Feb-2009		24-May-2012	Normal	Return 2 Y	
S-340	G-017	11111111111	01-Jul-1950	63	F	Action	Overdue for		14-Jun-2006			N/D	Unknown	
S-706	G-617	11111111111	01-Jul-1950	63	F	Action	Overdue for					N/D	Unknown	

Anyone with dates in either of these two columns should have an exclusion Q code



How to obtain CME credits for Chart audits

- Doing these searches/ reminder reports can count towards CME points
- These would count towards CERTIFIED CME credits



Member Access

* Required Fields

Email Address *

Password *

☐ Remember me

[LOGIN](#) [Forgot My Password](#)

[BECOME A MEMBER](#) [Questions about Membership](#)

First time user? [Create an Account.](#)

DASHBOARD

CREDIT SUMMARY

HOLDING AREA

CPD ACTIVITIES LIST

CPD PLANNING

REPORTS

Dr. Neil Naik

📅 Current Cycle: 7/1/2016 - 6/30/2021

ENTER A CPD ACTIVITY

QUICK LINKS

- My Transcript Detail Report
- My Credit Summary Report
- FAQ
- My CPD Activities
- Enter A CPD Activity
- Mainpro+ Tutorial

RESOURCES

[Mainpro+ Credit Category Chart](#)

[Mainpro+ Manual](#)

Mainpro+ PROGRAM NEWS

Important Updates:

Your FMF Credits have been uploaded in your Holding Area!

INCOMPLETE CPD ACTIVITIES

Activity	Last Updated
----------	--------------

CREDIT SUMMARY

CYCLE - Credits Applied to Date

📅 7/1/2016 - 6/30/2021

Certification Type	Required	Applied	Requirement Met
Certified	125		Yes
Non-certified			
Total	250		No

CURRENT YEAR - Credits Applied to Date

📅 7/1/2018 - 6/30/2019

Certification Type	Required	Applied	Requirement Met
Certified			
Non-certified			
Total	25		No



[DASHBOARD](#)

[CREDIT SUMMARY](#)

[HOLDING AREA](#)

[CPD ACTIVITIES LIST](#)

[CPD PLANNING](#)

[REPORTS](#)

Enter a CPD Activity

Dr. Neil Naik (246737)

📅 Current Cycle: 7/1/2016 - 6/30/2021

To enter an activity, choose from the options below.

*Indicates Required Field/Question

Category: *

Please select



Certification Type: *

☐

Certified

☐

Non-Certified

ActivityType: *

[To view a full list](#)



Describe the nature of the practice to which this audit/program applies. State whether it is your own practice or that of others. *

This is a family practice providing comprehensive care to patients of all ages and genders. I did a practice audit to improve my pneumococcal vaccination rate.



Program/Activity ID

Who was involved? *

Who was involved?

- Myself, Administrative staff, Nursing, Allied Health Care professionals

What was my role?

- Identify patients as a priority and identify a champion in the office.
- Identify key staff members to bring EMR up to date and keep it up to date.
- Provide support so staff are up to date on guidelines
- Lead my office team through the audit questions.
- Review NACI guidelines
- Staff meetings (3 hours), Literature review (3 hours), Data cleaning (5 hours)



What was your role? *

- ☐ Assessment of Self
- ☐ Assessment of Practice
- ☐ Assessment of Other(s)
- ☐ Assessment of Material(s)



Activity Start Date *



Activity Completion Date *



How many hours did you spend personally



Audit tips

- Ensure that you keep documentation of your audits
 - You can be audited **up to 6 years** after submitting credits
- Exporting your reminder reports can serve as part of this audit
- Do NOT upload reminder reports into the MainPro+ portal as it contains patient health information



Contact Info

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Interim Regional Primary Care Lead

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226-344-0789

<http://www.cancercare4primarycare.com/slidedecks>

Questions?