

Cancer Screening - Reminder Workflow



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People with breast, cervical and bowel cancers detected through national cancer screening programs have **better cancer survival outcomes** than those diagnosed who had never been screened.^[1]

However:

- 6 out of 10 eligible people are not participating in the National Bowel Cancer Screening Program.
- 4 out of 10 eligible women are overdue for a screening mammogram.
- 4 out of 10 eligible women are overdue for cervical screening.
- People from Aboriginal and Torres Strait Islander, and culturally and linguistically diverse, backgrounds are less likely to participate in bowel, breast and cervical screening.

People are more likely to attend cancer screening when they are reminded to do so by their primary care provider.

It is important that primary care providers **systematically**:

- Reinforce screening invitations and reminders sent from screening registries
- Identify patients who are over-due for screening or who have never screened and engage with these patients about the importance of cancer screening

The cancer screening quality improvement recipes support practices to:

- Establish and monitor bowel, breast and cervical cancer screening participation rates in their practice
- Identify and:
 - send **invitation** reminders to patients who have recently become eligible to attend cancer screening
 - send **reminders** to patients who have previously screened and are due to re-attend screening
 - engage **under-screened and never-screened** patients.

These recipes can be used in conjunction with cancer screening quality improvement tools and resources, including cancer screening reminder templates and work-flows. Primary care providers should contact their Primary Health Network for more information about cancer screening quality improvement tools and resources.

[1] Australian Institute of Health and Welfare (AIHW): Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia . Canberra : AIHW, 2018.

Recipes to help you to identify your patients using CAT4:

Establish and monitor cancer screening participation rates:

- [Bowel Cancer Screening Participation Rate](#)
- [Breast Cancer Participation Rate](#)
- [Cervical Cancer Participation Rate](#)

Invitation recipes – identify patients who will soon become eligible for screening:

- [Patients turning 50 in the next three months eligible for bowel and/or breast screen](#)
- [Patients who turned 25 in the last three months eligible for cervical screening](#)

Reminder recipes – identify patients who have been screened and who are due to return to screening:

- [Patients eligible for the NBCSP, with a FOBT recorded in the previous 27 months and an even numbered birthday in the next 3 months](#)
- [Patients 27 and older with a previously recorded Pap/CST who are due to return to cervical screening in the next three months](#)
- [Patients aged 52 – 74 with a previously recorded mammogram in the last 24-27 mths who are eligible and due for breast screening in the next 3 months](#)
- [Patients due to return to all three screening program in the next three months](#)

Never screened/Overdue recipes – identify patients who are overdue for screening or who have never screened:

- [Patients eligible for the NBCSP aged 50 years and 4 months or older](#)
- [Patients eligible for BreastScreen aged 50 years and 4 months or older](#)
- [Patients eligible for cervical screening aged 25 years and 4 months](#)
- [Patients who have never been screened or are overdue to screen for more than one screening program](#)

Optional steps to add Topbar prompts or recall:

- [Using Recall CAT in Recipes](#)
- [Using Topbar Prompts in Recipes](#)

Optional step to combine the above searches with MBS items such as GPMP and/or TCA eligibility

- [Combining Screening Searches with MBS item eligibility](#)