

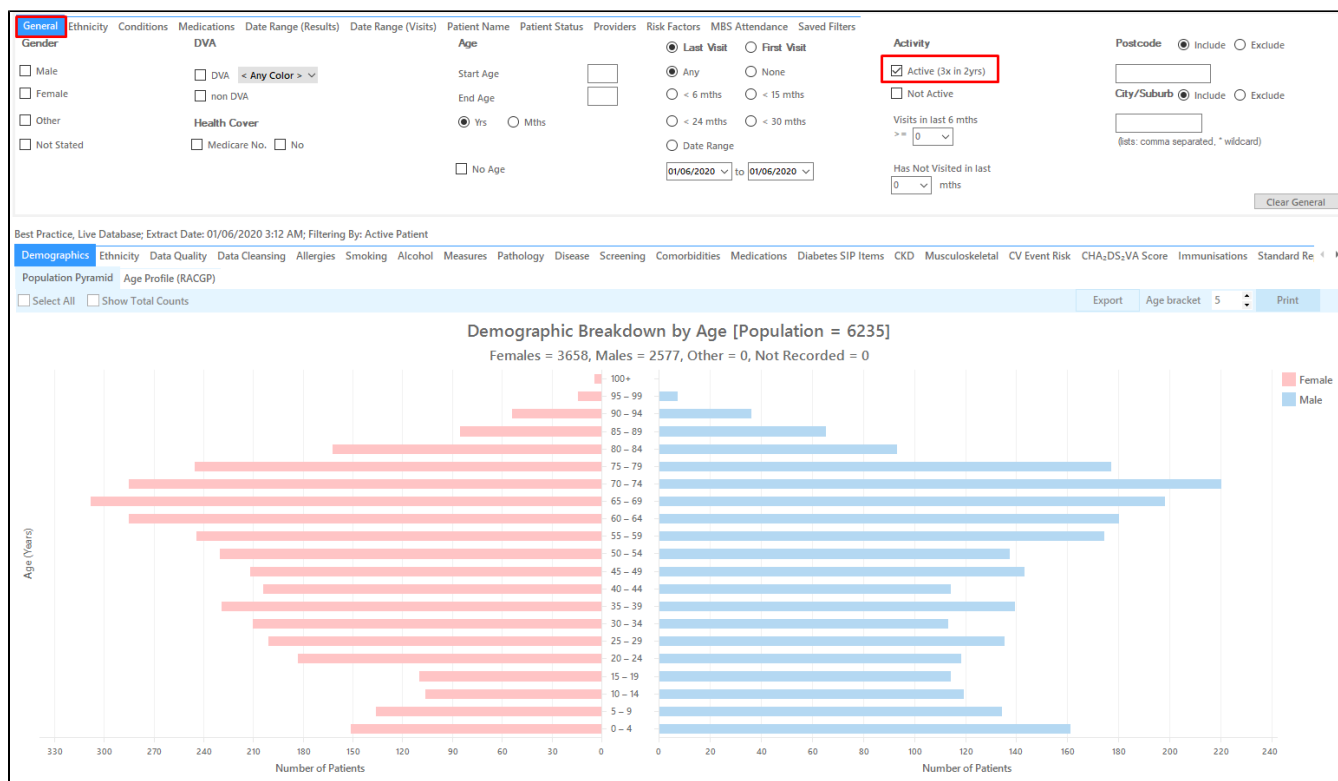
Cervical Cancer Participation Rate



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Recipe Name:	Cervical Cancer Screening Participation Rate
Rationale:	<p>The 'cervical cancer participation rate' recipe will support practices who are participating in cervical cancer screening quality improvement to establish and monitor the cervical cancer screening participation rate in their practice.</p> <ul style="list-style-type: none"> • Cervical cancer is one of the most preventable cancers • Almost 80% of cervical cancers occur in women who have never been screened or are not up-to-date with their cervical screening^[i] <p>Establishing and monitoring their bowel cancer screening participation rates allows primary care providers to:</p> <ul style="list-style-type: none"> • assess the need within their service for undertaking activities to improve patient participation in cervical cancer screening <p>monitor the impact of cancer screening quality improvement activities on their cervical cancer screening participation rates</p> <hr/> <p>^[i] Cancer Institute NSW: About cervical screening, 11/18 update. https://www.cancer.nsw.gov.au/cervical-screening-nsw/about-cervical-screening (cited: Jan 2019)</p>
Target:	<p>The proportion of active female patients aged between 25 and 74 years of age who have had a Pap test in the previous 2 years OR a Cervical Screening Test in the previous 5 years</p> <p>Numerator: The number of active female patients aged between 25 and 74 years of age who have had a Pap test in the previous 2 years OR a Cervical Screening Test in the previous 5 years</p> <p>Denominator: The number of active female patients aged between 25 and 74 years of age who are eligible for the National Cervical Screening Program</p>
Recipe Limitations:	<p>This report excludes patients with a number of conditions, including hysterectomy, under the 'ineligible' category.</p> <p>Practices should be aware of the diagnosis codes that PEN uses to assign patients to 'ineligible'.</p> <p>Practices should undertake periodic clinical review of patients in the 'ineligible' category to assess if any of these patients should return to screening.</p> <p>Your practice may have patients that you consider clinically ineligible for screening that are not captured by these diagnosis codes. These patients should be manually opted out of screening.</p>
CAT Starting Point:	<ol style="list-style-type: none"> 1. CAT Open - CAT4 view (all reports) loaded 2. Population Extract Loaded and Extract Pane "Hidden" <ol style="list-style-type: none"> a. Filter Pane open and under the 'General' tab 'Active Patients' (3x <2 years) selected

CAT4 starting point



RECIPE Steps Filters:

- In the "General" Tab, click the 'Active' box and enter Start Age = 25 and End Age = 74

General Ethnicity Conditions Medications Date Range (Results) Date Range (Visits) Patient Name Patient Status Providers Risk Factors MBS Attendance Saved Filters

Gender: ☐ Male ☐ Female ☐ Other ☐ Not Stated

DVA: ☐ DVA ☐ non DVA

Health Cover: ☐ Medicare No. ☐ No

Age: Start Age End Age ☒ Yrs ☐ Mths ☐ No Age

Activity: ☒ Active (3x in 2yrs) ☐ Not Active

Postcode: City/Suburb: (lists: comma separated, * wildcard)

Visits in last 6 mths: Has Not Visited in last mths

Clear General

You can select the Gender/Female but the report will automatically show female patients as well as patients with no gender entered. This is the preferred approach, as it will include all patients potentially at risk including those without gender information entered.

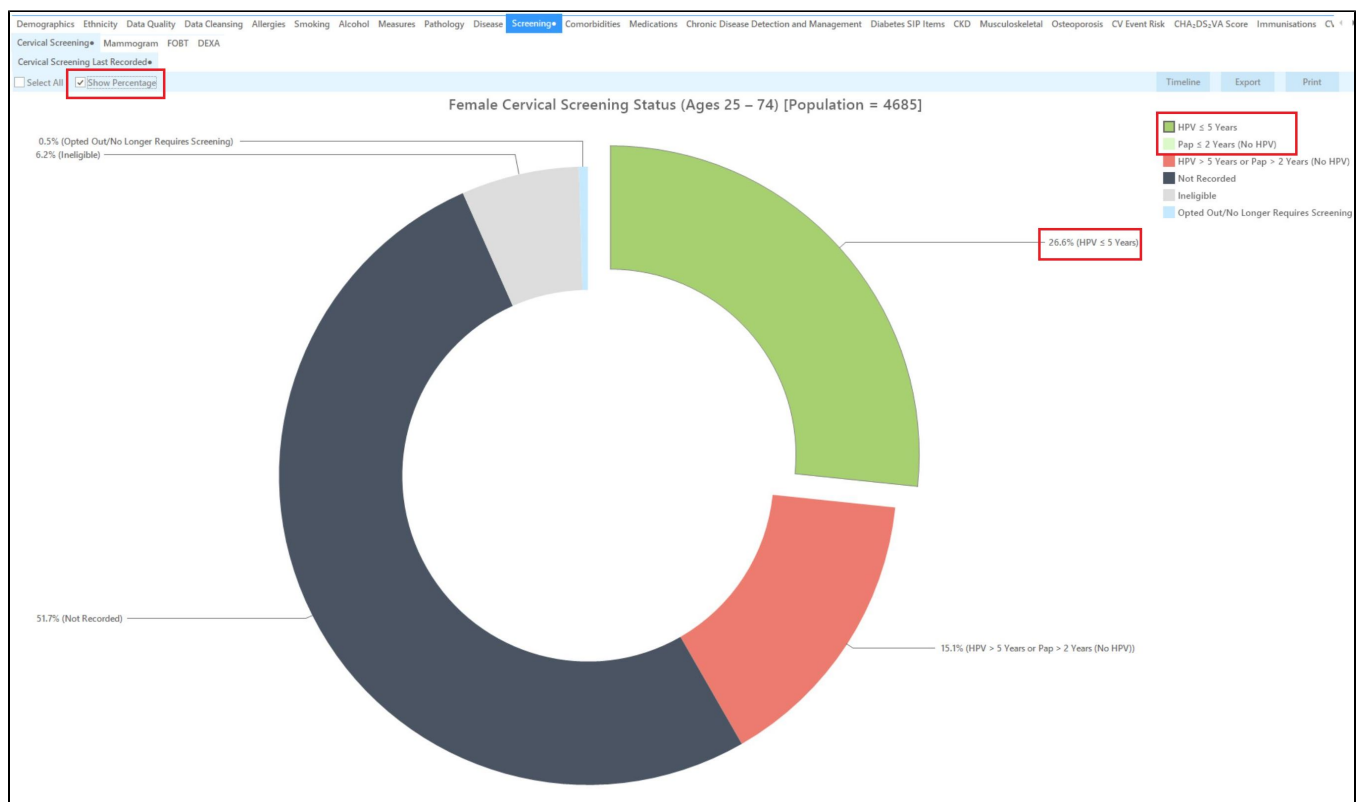
Practices should review those patients for whom no gender is entered to ensure they are only sent appropriate cancer screening reminders. Consideration should be given to keeping a register of transgender, gender diverse and intersex patients to support this process.

- Click "Recalculate"
- Click 'Hide Filters'

Report Steps

- Select the "Screening/Cervical Screening" tab
- Tick the 'Show Percentage' box on the top left

This report will show the selected patients and the proportion of patients with a CST or Pap Smear recorded. As Pap Smears are not done as a screening test since 2017 in my example below there are no patients with Pap Smears recorded in the last 2 years, so all I have is the HPV \leq 5 years category to select.



Using the report to establish your cervical cancer screening participation rate

Your cancer screening participation rate is the proportion of patients in the (HPV ≤ 5yrs or Pap ≤ 2yrs (no HPV) category. Using the example pie graph provided, the cervical cancer screening participation rate for this practice is **26.6%**.

Additionally you can see the percentage of patients with a result that was recorded but is out of date (15.1%) and those with no information recorded (51.7%). Ineligible patients are listed as well, you can see the criteria here: [Diagnosis Codes Screening Tests](#)

Updating your patient records through the National Cancer Screening Register

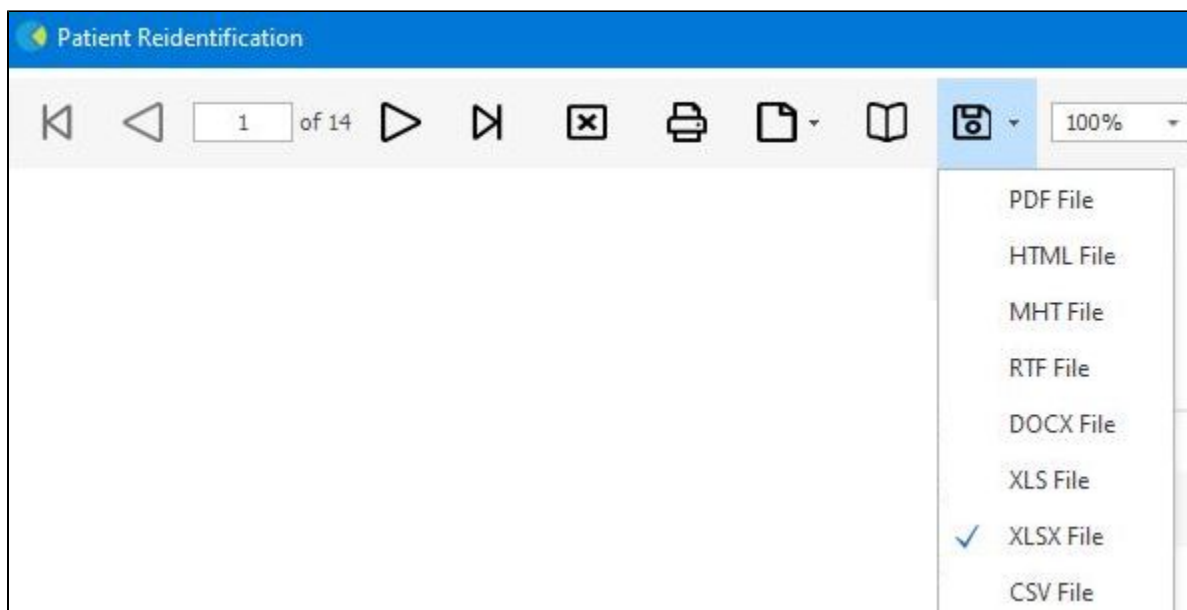
Because women sometimes prefer to go to someone other than their usual healthcare provider for their cervical screening test and because practices may not know the cervical screening history of new patients, patients can appear overdue for screening when they are not.

To check a patients current screening status and history, you can search for your patients in the [NCSR Healthcare Provider Portal](#) via PRODA. For practices using MedicalDirector, Best Practice and Communicare, [you can integrate your system](#) with the NCSR which enables you to view and submit your patients screening information directly from within your patient record.

Call the NCSR on 1800 627 701 for more information.

To Export Patient List to Microsoft Excel:

1. Click on the "Export Icon" at the top of the Patient Reidentification window.



2. Click on "XLSX"
3. Choose a file name and a location to save to (eg. Create a folder C:/ClinicalAudit/CAT Patient Follow Up)
4. Click "Save"

The steps above will produce a list of patients with contact details in MS Excel which can then be used to:

1. Produce a mail merge or bulk SMS to remind patients to attend cancer screening.
2. Phone patients to update their record or to remind them to attend cancer screening.
3. Go back through the individual patient records in the GP Clinical Desktop System (CDS) and update known records