

## Chapter 3

### Section 3.01

# Cancer Screening Programs

## Standing Committee on Public Accounts Follow-Up on Section 4.01, 2014 Annual Report

The Committee held a public hearing in September 2015 on our 2014 follow-up to the audit of Cancer Screening Programs we conducted in 2012. The Committee tabled a report in the Legislature resulting from this hearing in November 2015. The full report can be found at [www.ontla.on.ca/committee-proceedings/committee-reports/CancerScreeningPrograms](http://www.ontla.on.ca/committee-proceedings/committee-reports/CancerScreeningPrograms).

The Committee made nine recommendations and asked Cancer Care Ontario and the Ministry of Health and Long-Term Care (Ministry) to report back by the end of March 2016. Cancer Care

Ontario and the Ministry formally responded to the Committee on March 21, 2016. A number of issues raised by the Committee were similar to the audit observations in our 2012 audit, which we followed up on in 2014. The status of the Committee's recommendations is shown in **Figure 1**.

The majority of the Committee's recommendations were requests for further information from Cancer Care Ontario and the Ministry. All information requests were met. Cancer Care Ontario confirmed that it will update the Cancer System Quality Index website annually. Recommendation 5

**Figure 1: Status of Actions Recommended in November 2015 Committee Report**

Prepared by the Office of the Auditor General of Ontario

	# of Actions Recommended	Status of Actions Recommended			
		Fully Implemented*	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented
Recommendation 1	1	1			
Recommendation 2	1	1			
Recommendation 3	1	1			
Recommendation 4	1	1			
Recommendation 5	1		1		
Recommendation 6	1	1			
Recommendation 7	1	1			
Recommendation 8	1	1			
Recommendation 9	1	1			
<b>Total</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>%</b>	<b>100</b>	<b>89</b>	<b>11</b>	<b>0</b>	<b>0</b>

\* Some recommendations required Cancer Care Ontario and the Ministry to provide information to the Committee. The cases in which Cancer Care Ontario and the Ministry provided the information as requested we have counted as "fully implemented."

is outstanding—Cancer Care Ontario is doing more work on performance indicators for follow-up colonoscopies, and expects to have indicators in place in the 2017/18 fiscal year.

**Figure 2** shows the recommendations and the status details that are based on responses from Cancer Care Ontario and the Ministry and our review of the information they provided.

## Figure 2: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p><b>Recommendation 1</b> Cancer Care Ontario provide the Committee with the range of wait times for mammography screening and genetic assessments, and compare to the benchmark and explain any material variances. <b>Status: Information provided.</b></p>	<p>Cancer Care Ontario noted that it does not collect information on the wait time between when a patient schedules a screening mammogram and when the screening mammogram actually takes place, and that it is unlikely that individual cancer centres maintain such wait time data. This is because screening mammograms are scheduled to occur when women are due to be screened (for instance, every two years), so the time women waited to receive a screening mammogram is simply aligned to the clinically appropriate interval between procedures and does not represent an actual wait time. Cancer Care Ontario further explained that the practice of excluding time waited to receive a screening mammogram is consistent with the practice of Ontario's wait time reporting for diagnostic imaging, which excludes time waited for an appointment that is purposefully scheduled at certain intervals. In addition, Cancer Care Ontario indicated that there is no Canadian benchmark for the wait time for mammography screening.</p> <p>Instead of reporting on mammography screening wait times, in practice, Cancer Care Ontario reports on the wait time from abnormal screen result to final diagnosis. The benchmark is five weeks if biopsy is not required, and seven weeks if biopsy is required, according to guidelines established through the Canadian Partnership Against Cancer. With respect to the former, where biopsy was not required, in the year ending March 31, 2015, 93% of eligible women between 50 and 74 years old with an abnormal screening mammogram result received final diagnosis within five weeks of the abnormal screen result. With respect to the latter, where biopsy was required, 78% of women in this age group received final diagnosis within seven weeks of an abnormal screen result.</p> <p>Cancer Care Ontario has 13 regional cancer programs, whose boundaries are aligned with the 14 Local Health Integration Networks across Ontario (one regional cancer program covers both the Mississauga Halton LHIN and the Central West LHIN). These regional programs bring together health-care professionals and organizations involved in cancer prevention and care. The regional programs are required to ensure that service providers meet the requirements and targets set out in their partnership agreements with Cancer Care Ontario.</p> <p>Regional cancer programs that were unable to meet the wait time guidelines provide Cancer Care Ontario on a quarterly basis with analysis, improvement plans, and reasons for recent successes. Examples of improvement activities reported by regional cancer programs include hosting an education day to address the image transfer process, implementing LEAN processes (a business-operation methodology aimed at creating more value for customers with minimal waste), creating more biopsy days, and expediting the booking of assessments.</p> <p>For genetic assessment, based on its knowledge gathered from regular monitoring of other jurisdictions for significant developments in breast cancer screening, Cancer Care Ontario noted that its High Risk Ontario Breast Screening Program is the first organized breast screening program targeted at a high-risk population and that there are no known relevant national or international benchmarks for wait times for this specific program.</p> <p>From July 2014 to June 2015 (most recent data available at the time of this follow-up), the wait time from an initial physician visit to genetic counselling was 83 days for half of the patients who were treated (median). In the same period, wait times across Ontario ranged from a minimum of 0 days to 360 days.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 2</b> Cancer Care Ontario ensure that its Cancer System Quality Index website is regularly updated with the most recent data available. <b>Status: Fully implemented.</b></p>	<p>Cancer Care Ontario updates its Cancer System Quality Index on an annual basis. Cancer Care Ontario explained that its data sources, such as the Ontario Health Insurance Plan and the Ontario Cancer Registry, consider data to be complete and ready for use six months and 12 months, respectively, after data submission. As well, it takes time to collect, validate, analyze and interpret data. The information contained in the latest update of May 2016 included:</p> <ul style="list-style-type: none"> <li>• colorectal cancer screening data from 2014; and</li> <li>• breast cancer screening participation data from 2013 and 2014 (the data covers a two-year period because screening mammography is recommended at two-year intervals).</li> </ul>
<p><b>Recommendation 3</b> Cancer Care Ontario report back to the Committee on the expected implementation date of the fecal immunochemical test for use in colon cancer screening. <b>Status: Information provided.</b></p>	<p>Cancer Care Ontario plans to implement the fecal immunochemical test for use in colon cancer screening by March 2018. It began detailed planning in August 2015, which included:</p> <ul style="list-style-type: none"> <li>• working with the Ministry to identify and understand any required legislative and regulatory changes;</li> <li>• defining procurement requirements for the laboratory services and test kits; and</li> <li>• defining changes required to existing Cancer Care Ontario operations, such as data reporting and correspondence regarding cancer screening.</li> </ul>
<p><b>Recommendation 4</b> Cancer Care Ontario provide the Committee with the range of wait times for follow-up colonoscopies, and compare to the benchmark and explain any material variances. <b>Status: Information provided.</b></p>	<p>For follow-up colonoscopies, the wait time benchmark is eight weeks from the time of an abnormal fecal occult blood test (FOBT), a test to look for colorectal cancer, to the date of a follow-up colonoscopy, according to the Canadian Association of Gastroenterology.</p> <p>Cancer Care Ontario reported that 46% of eligible individuals between 50 and 74 years old who had an abnormal FOBT result in 2014 waited eight weeks or less to undergo colonoscopy, compared to 38% in 2011. In 2014, individuals waited 11 weeks on average (mean), half of the patients waited almost eight weeks (median), and wait times across Ontario ranged from one day to 365 days. (Cancer Care Ontario does not measure wait times beyond 365 days because it noted that colonoscopies performed more than 365 days after a positive FOBT test may have been performed for a different indication.) Cancer Care Ontario noted that these wait times could be over-estimated as it cannot account for any delays that might be initiated by the individuals, such as if the person chooses to defer the colonoscopy. Cancer Care Ontario expects to release 2015 wait time information in May 2017.</p> <p>Regional cancer programs that were unable to meet the wait time guidelines provide Cancer Care Ontario on a quarterly basis with analysis, improvement plans and reasons for recent successes. Examples of improvement activities reported by regional cancer programs include working with primary care providers to improve timeliness of referrals for colonoscopy, and working directly with endoscopists' offices to ensure that colonoscopies for persons with an abnormal FOBT are appropriately prioritized.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 5</b> Cancer Care Ontario provide the Committee with the range of wait times for follow-up colposcopies, and compare to the benchmark and explain any material variances. <b>Status: To be implemented by March 2018.</b></p>	<p>For follow-up colposcopies, the wait time benchmark for high-grade cervical lesions ranges from 14 days to 42 days from referral to initial assessment in a colposcopy clinic depending on the result of the Pap test and the type of cervical lesions, according to the Society of Canadian Colposcopists.</p> <p>Cancer Care Ontario noted that it was not able to calculate wait times from referral to initial assessment in a colposcopy clinic as it does not collect this data. Instead, it measures the wait time for women with high-grade cervical lesions from the date of the abnormal Pap test result to the date of the colposcopy, which it felt is a reasonable proxy but may inflate wait times by several weeks. Using this measure, Cancer Care Ontario reported that in 2014, half of the women with a high-grade abnormal Pap test waited 62 days (median) for a colposcopy, with wait times across Ontario ranging from eight days to 355 days. (Cancer Care Ontario does not measure wait times beyond 365 days because it noted that colposcopies performed more than 365 days after an abnormal Pap test may have been performed for a different indication.) Median wait times improved steadily from 2011 (71 days) to 2013 (57 days), but became worse in 2014 (62 days).</p> <p>Cancer Care Ontario plans to expand its collection of cervical data. As well, it plans to engage clinical and regional stakeholders to confirm cervical screening performance indicators, and then begin sharing this data with the regional cancer programs. Cancer Care Ontario expects to formally embed these indicators in its performance management process in the 2017/18 fiscal year.</p>
<p><b>Recommendation 6</b> Cancer Care Ontario work with the Ministry to provide the Committee with the results, LHIN (Local Health Integration Network) by LHIN, of the percentage of attachments made via Health Care Connect and Cancer Care Ontario's Contact Centre. <b>Status: Information provided.</b></p>	<p>Cancer Care Ontario provided the Committee with the results of attachments made via Health Care Connect and Cancer Care Ontario's Contact Centre during the period from April 1, 2012 to December 31, 2015.</p> <p>In that period, of patients who had abnormal FOBT results who did not have a primary health-care provider, 94% were attached to a primary care provider through the Contact Centre and Health Care Connect. Across the 14 LHINs, attachment rate ranged from 60% (Hamilton Niagara Haldimand Brant LHIN) to 100% (eight of the 14 LHINs).</p> <p>For those patients who were not successfully attached to a primary health-care provider, Cancer Care Ontario follows standard operating procedures—it couriers test results to the address on file, attempts to telephone the individual three times, contacts the processing laboratory to determine if the test result was sent to a primary health-care provider, and mails a final "Attempt to Reach" letter to advise the patient to seek medical attention immediately.</p> <p>Cancer Care Ontario explained that the attachment process does not apply to the breast-screening and cervical-screening programs because a primary care provider or physician is directly involved throughout the screening process in these two programs. In contrast, Ontarians can obtain, complete and submit an FOBT to a laboratory for processing without having a primary care provider; therefore, this population is considered "unattached."</p>
<p><b>Recommendation 7</b> Cancer Care Ontario provide the Committee with international or external evidence to support its volume-based competency standard for endoscopists and colposcopists. <b>Status: Information provided.</b></p>	<p>Cancer Care Ontario provided the Committee with evidence that its volume-based competency standard for endoscopists and colposcopists was derived from national and international guidelines and a systematic review of published literature. These standards are included in guideline and framework documents developed by Cancer Care Ontario's Program in Evidence-Based Care. According to Cancer Care Ontario, the Program in Evidence-Based Care is an internationally recognized guideline-development program that works to improve the quality of cancer care by helping clinicians and policy makers to apply the best scientific evidence in practice and policy decisions.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 8</b></p> <p>The Ministry provide the Committee with details of its strategy for increasing access to:</p> <ul style="list-style-type: none"> <li>• cancer screening services for individuals in rural and remote communities;</li> <li>• primary care providers for individuals without one.</li> </ul> <p><b>Status: Information provided.</b></p>	<p>The Ministry provided the following to the Committee with respect to its strategy for increasing access to cancer screening services for individuals in rural and remote communities:</p> <ul style="list-style-type: none"> <li>• The Ministry has provided the mandate and resources to Cancer Care Ontario to increase awareness about and access to screening for cancers of the breast, the colon, and the cervix through correspondence campaigns. As of May 2015, 6.6 million individuals, some of whom reside in rural and remote communities, had been targeted. As well, Cancer Care Ontario solicited physicians to participate in its “physician-linked correspondence program” in which patients receive personalized invitations from their own physicians to screen for cancer, which helps improve screening rates.</li> <li>• Cancer Care Ontario, in partnership with the Ministry, launched two mobile screening coaches in two LHIN areas (Hamilton Niagara Haldimand Brant and North West) to target individuals in the under/never screened and hard-to-reach populations, including First Nations and those without a primary care provider. The Hamilton Niagara Haldimand Brant coach was launched in 2013, offering breast and cervical screening in women and colorectal screening in men and women. The North West coach was launched in 1992 for breast cancer screening and subsequently expanded in 2013 to also offer cervical and colorectal screening in women.</li> <li>• In December 2013, Cancer Care Ontario delivered a screening activity report to the Sandy Lake First Nation community. This report is intended to help physicians who are in the patient enrolment model (physicians who are paid based on the number of patients signed up with them instead of the individual services provided to their patients) to improve cancer screening rates and appropriate follow-up. The community uses this report to support screening for colorectal cancer. By October 2016, Cancer Care Ontario plans to deliver similar reports for all three screening programs to an additional 27 First Nation communities in the Sioux Lookout area.</li> </ul> <p>The Ministry provided the following to the Committee with respect to its strategy for increasing access to primary care providers for individuals without one:</p> <ul style="list-style-type: none"> <li>• Following the release of the Patients First proposal in December 2015, the Ministry introduced legislation in June 2016 that would, when passed, improve access to health-care services by giving patients and their families faster and better access to care, including primary care. Changes affecting primary care from this proposed legislation include improving access to primary care for patients (such as a single number to call when they need to find a new family health-care provider close to home); improving local connections and communication between primary health care, hospitals, and home and community care to ensure more equitable access and a smoother patient experience; and providing smoother patient transitions between acute, primary, home and community, mental health and addictions, and long-term care.</li> <li>• The Ministry plans to redesign Health Care Connect to leverage current technologies to assist unattached patients, prioritizing the linking of complex and high-needs patients to health-care providers of their choice, close to their communities. The Ministry began the procurement process in April 2016 and expects the process to be complete by fall 2016.</li> </ul>

Committee Recommendation	Status Details
<p><b>Recommendation 9</b> Cancer Care Ontario provide the Committee with details on how it will support endoscopists and colposcopists who do not meet its volume-based annual standards. <b>Status: Information provided.</b></p>	<p>For endoscopy, Cancer Care Ontario reported that from October 2014 to September 2015, 94.2% of hospital colonoscopies were completed by endoscopists who performed 200 or more colonoscopy procedures, compared to 93.6% in the 12-month period immediately prior.</p> <p>For colposcopy, Cancer Care Ontario reported that it does not currently measure colposcopists' volume, and has no formal plan to begin measuring this information. Cancer Care Ontario noted that colposcopists are expected to perform 100 or more colposcopies per year to maintain competence.</p> <p>To support those endoscopists and colposcopists who do not meet Cancer Care Ontario's volume-based annual standards, clinical leads in the respective areas (who are physicians themselves) support these doctors by ensuring the provision of educational opportunities based on evidence-based clinical guidelines, standards and policies of the program. The clinical leads communicate to doctors, at formal and informal venues, evidence-based clinical standards, guidelines and policies of the respective screening programs.</p>