

What is the new Cervical Screening Program & what does it mean for your Recall & Reminder System?

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Learning Objectives:

1. Explain the changes to the National Cervical Screening Program beginning 1/12/17
2. Apply the new cervical screening guidelines to your practice's recall and reminder processes.

Learning Objective 1:

Explain the changes to the National Cervical Screening Program starting 1/12/17



New screening guidelines

CURRENT PAP TEST SCREENING	NEW CERVICAL SCREENING TEST (CST) Starting 1 December
Pap test every 2 years	CST every 5 years
Current screening age: 18-69 years	CST screening age: 25-74 years

What else is new?

- New **National** Cancer Screening Register (NCSR) is due 2018. Women will be invited by the NCSR to participate in screening.
- Women aged 70 to 74 years will be invited to have an 'exit test'
- Option for self-collected sample.

Self collection

“For your patients that may have refused to screen, an alternate method of collection is available but patients must meet the eligibility criteria; be over 30 years of age and be overdue for their screening test by two years or more.”

[Dept of Health, National Cervical Screening Program
Self-Collection Quick Reference Guide](#)

Why are we changing the test?

1. LIMITATIONS of CURRENT TESTING

Reductions in cervical cancer incidence and mortality have **plateaued over the last 10 years**

Current program has had **no impact on certain groups** – women < 25 years, subgroups of cancers (adenocarcinomas)

Clinical slides available from: <http://ncphn.org.au/wcsc/cervical-screening-workshop-presenter-slides/>

Credit to Dr Jo Adendorff, Dr Brenda Rattray and Dr Renee Strazarri

We have a BETTER TEST



Why are we changing the test?



Hear Dr Sweeney explain the change <https://www.youtube.com/watch?v=fEbVEyiKUiY>

“99.7% of cancers of the cervix are the result of persisting HPV infection.
Rather than looking at abnormal changes in the cells
we’re taking it one step back and looking at HPV infection.”

Why are we changing the test?

2. INCREASED KNOWLEDGE

The role of HPV in cervical lesions and cancer (causes >99% of cancer, most HPV infections will regress within 18 months)

Pathogenesis of cervical cancer (most cancers take 10-15 years to develop)

Let's eradicate cervical cancer!



What is changing in our software?



Request

Pathology request

Request date: 26/10/2017 Laboratory: Network Pathology

Search: CER

Favourite tests

- ☐ AntenATAL SCREEN
- ☒ Cervical Screening Test
- ☐ E/LFTs
- ☐ ESR
- ☐ FBE, Amylase, ANA
- ☐ HbA1C
- ☐ HDL Cholesterol
- ☐ Histology
- ☐ PSA
- ☐ TSH
- ☐ Urine M/C/S

Test name

- ☐ Cardiac Enzymes
- ☐ CEA
- ☐ Cervical Co-Test
- ☐ Cervical Cytology
- ☐ Cervical HPV only
- ☐ Cervical LBC only
- ☐ Cervical Screening Test
- ☐ Chlamydia (Direct Examination)
- ☐ Chlamydia PCR, Swab
- ☐ Chlamydia PCR, Urine

Clinical details

- ☐ Anaemic
- ☐ Fe. deficient
- ☐ Gout
- ☐ Menopausal
- ☐ Pregnant
- ☐ UTI
- Abdominal pain
- Amenorrhoea
- Antenatal
- Postmenopausal

Other:

Cervical Screening Test

Last smear on 20/10/2017 - Low-grade squamous intraepithelial lesion

Cervical screening:

Site:

- ☒ Cervix
- ☐ Vaginal vault
- ☐ Vagina

Appearance:

- ☒ Benign
- ☐ Suspicious
- ☐ Erosion
- ☐ Ectropion

Symptomatic:

- ☐ Postmenopausal Bleeding
- ☐ Intermenstrual Bleeding
- ☐ Postcoital Bleeding
- ☐ Vaginal discharge
- ☐ Dyspareunia

Past history:

- ☐ Hysterectomy
- ☐ Adenocarcinoma in situ
- ☐ HSIL (Test of cure)
- ☐ Immunodeficient
- ☐ DES Exposure
- ☐ Radiotherapy

Other:

- ☐ Post-Menopausal
- ☐ Post-Natal
- ☐ HRT
- ☒ OCP
- ☐ IUCD

Billing:

- ☒ Private
- ☐ Concession
- ☐ Direct Bill

Clinical details:

- ☐ Fasting
- ☐ Non Fasting
- LMP: 26/10/2017
- Pregnant
- EDC: 26/10/2017

☐ Add an entry to the actions database

Due on: 26/10/2017

Print Cancel

NB. Early preview – subject to change

Patient Record View



Current Rx:

- Absorbent Liner Capacity 21mL
- Micardis 80mg Tablet 1 Daily
- Salicylic Acid 2.0% Towelette Apply Daily to affected area

Past history

- Active
 - Diabetes Mellitus, Type 2
 - 06/05/2004 Cracked Nipples
- Inactive

Immunisations

Investigation reports

Correspondence In

Correspondence Out

Past prescriptions

Observations

Family/Social history

Clinical images

Obstetric history

Cervical screening

- 11/07/2007 Possible high-grade glandular lesion
- 09/08/2007 Unsatisfactory
- 20/10/2017, HPV16: +ve, HPV18: +ve LBC: LSIL

Enhanced Primary Care

Pap Smears

Screen Date	Smear Result	Endocervical cells	HPV changes	Performed by
11/07/2007	Possible high-grade glandular lesion	No	No	Dr F. Findacure
09/08/2007	Unsatisfactory	No	No	Not performed here

Cervical Screening Tests

Screen Date	HPV 16	HPV 18	HPV Other	LBC Result	Endocervical cells
20/10/2017	Yes	Yes	No	Low-grade squamous intraepithelial lesion	

NB. Early preview – subject to change

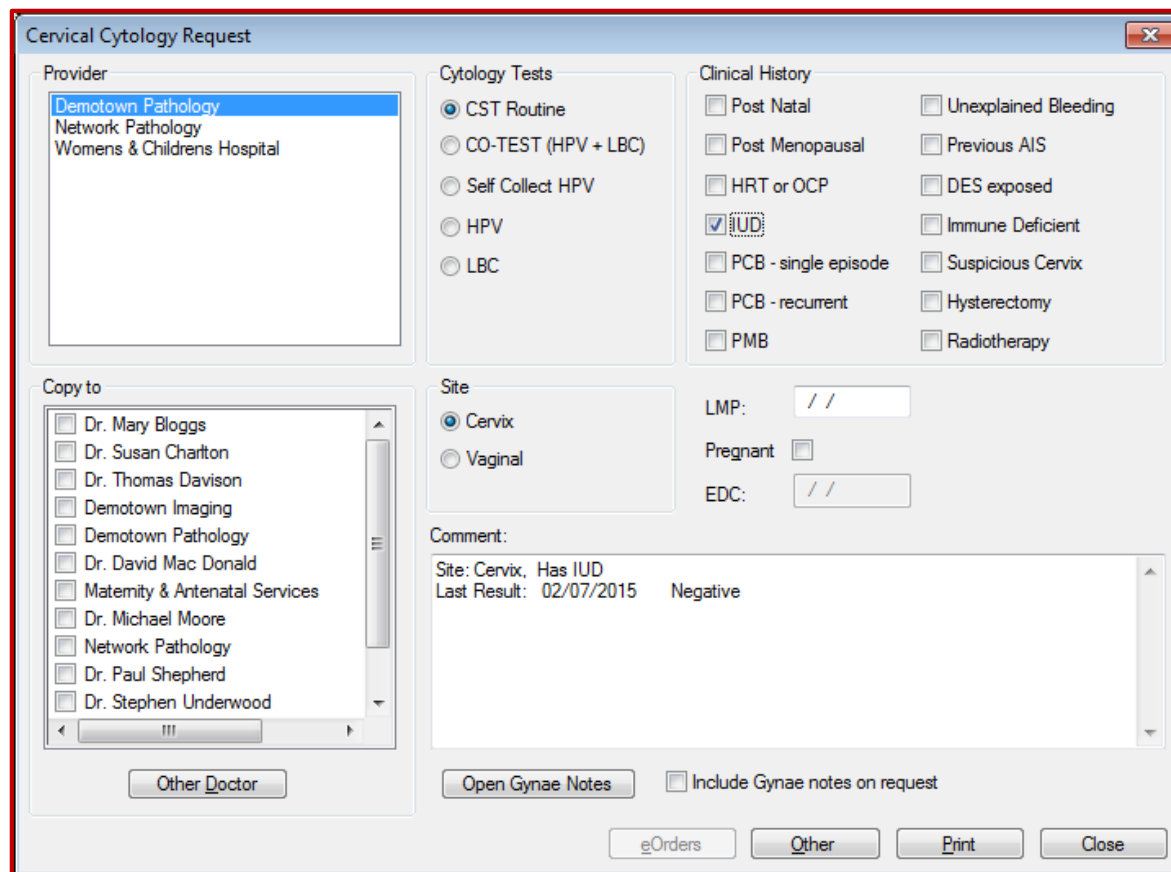
What is changing in our software?



MedicalDirector®
CLINICAL



The Request form



The screenshot shows a software window titled "Cervical Cytology Request". It contains several sections: "Provider" with a list including "Demotown Pathology", "Network Pathology", and "Womens & Childrens Hospital"; "Copy to" with a list of doctors and services; "Cytology Tests" with radio buttons for "CST Routine", "CO-TEST (HPV + LBC)", "Self Collect HPV", "HPV", and "LBC"; "Clinical History" with checkboxes for various conditions like "Post Natal", "Post Menopausal", "HRT or OCP", "IUD", "PCB - single episode", "PCB - recurrent", "PMB", "Unexplained Bleeding", "Previous AIS", "DES exposed", "Immune Deficient", "Suspicious Cervix", "Hysterectomy", and "Radiotherapy"; "Site" with radio buttons for "Cervix" and "Vaginal"; "LMP:" and "EDC:" date fields; "Pregnant" checkbox; and a "Comment:" text area with pre-filled text "Site: Cervix, Has IUD" and "Last Result: 02/07/2015 Negative". At the bottom are buttons for "Other Doctor", "Open Gynae Notes", "Include Gynae notes on request", "eOrders", "Other", "Print", and "Close".

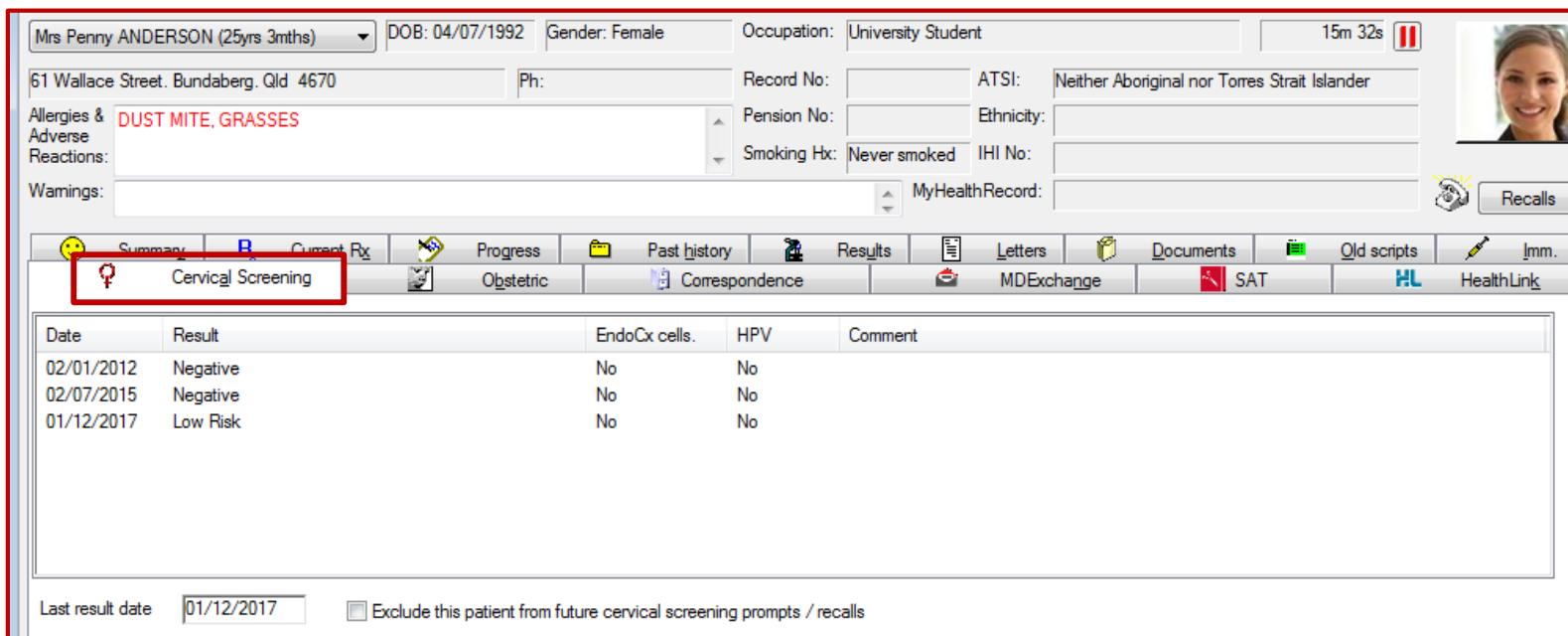
Default test will be
"CST Routine"

Interface available from 1st December

NB. Early preview – subject to change

Patient record view

References to Pap Test or Pap Smear have been renamed as Cervical Screening or Result, depending on context of the area adjusted.



Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm.

Cervical Screening | Obstetric | Correspondence | MDEXchange | SAT | HL | HealthLink

Date	Result	EndoCx cells.	HPV	Comment
02/01/2012	Negative	No	No	
02/07/2015	Negative	No	No	
01/12/2017	Low Risk	No	No	

Last result date: 01/12/2017 ☐ Exclude this patient from future cervical screening prompts / recalls

NB. Early preview – subject to change

NB

What's not changing?



We still need well managed practice recall and reminder systems

Learning Objective 2:

Apply the new cervical screening guidelines to your practice's recall and reminder processes.

General Practice Standards



Reminder

RACGP 5th Standards Criterion

C4.1 - Health promotion and preventive care

“Some information may also be transferred to national state-based registers (eg. cervical screening etc)

Remind patients when they need to have another screening (do not rely on patients receiving reminders from these registers).”

[Read RACGP 5th standards](#)

Actions, Recalls and Reminders

- **REMINDERS** eg. routine Cancer Screening Test (CST), immunisation, breast check
- **RECALLS** (ie clinically significant/medico-legal) eg Colposcopy

For 'reminders' that are only for the clinician, consider:

'ACTIONS' eg. Discuss screening, discuss smoking

New Preventive Health Prompts

The inbuilt MD preventive health prompt will now use an interval of:

- If the last pap test entry was recorded **prior to 1st December 2017, the next interval will be 2 years**
- If the last cervical screen entry was recorded **after 1 December 2017, next interval will be 5 years**

Scenario:

- Patient last test was 2nd December 2017 (new program), and it is now 2nd December 2023. The prompt displayed to the Clinician will be "A cervical screening has not been recorded in MD for over 5 years!"
- Patient last test was 15th June 2015 (old scheme), and it is now 2nd December 2017. The prompt displayed to the Clinician will be "A cervical screening has not been recorded in MD for over 2 years!"

Let's discuss transition strategies:

Women who:

- are aged 25+ years will be invited into the new program 2 years after their last Pap test
- have had a Pap test below the age of 25 will be invited into the program at the routine screening age of 25 (explanatory letter to be sent by National Register)

Systematic preventive health management



Practices need:

- Clear system
- Goals/Plan
- Defined roles
- Communication
- Training

Results (Inbox/Holding File Follow-up) 'System'

Pathology Results

Radiology Results

Specialist Letters

Discharge Summaries

Scanned documents

Entering result

Record Cervical Screening Result

Penny ANDERSON
DOB: 04/07/1992 Record No:

Screening Result

Date: 3/11/2017 Result: Negative

☐ Endocervical cells present?

Comment:

[View AMBS 2004 Comparison Table](#)

Negative
Low Risk
Intermediate Risk
Higher Risk
Unsatisfactory
Atrophic
Possible low-grade squamous intraepithelial lesion
Low-grade squamous intraepithelial lesion (LSIL)
Possible high-grade squamous intraepithelial lesion
High-grade squamous intraepithelial lesion (HSIL)
Squamous cell carcinoma (SCC)
Atypical endocervical cells of undetermined significance
Atypical glandular cells of undetermined significance
Possible high-grade glandular lesion
Endocervical adenocarcinoma in situ (AIS)
Adenocarcinoma
Adenocarcinoma - endocervical
Adenocarcinoma - endometrial
Adenocarcinoma - extrauterine
Low Grade abnormality
High Grade abnormality
Inconclusive
Inflammatory
Atypia
C.I.N. 1
C.I.N. 2
C.I.N. 3
Invasive Ca.

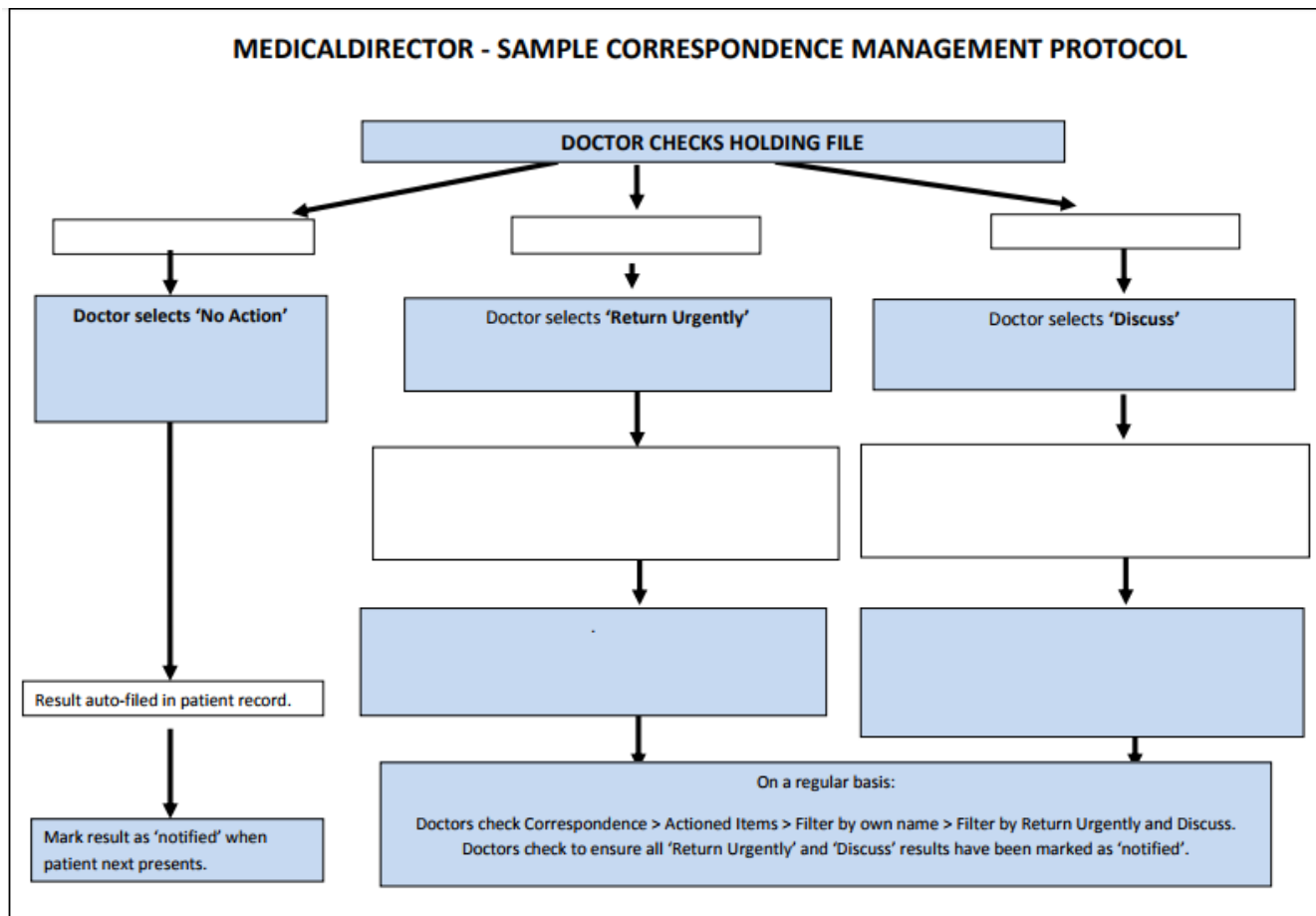
NB. The previous risk categories remain on this list to provide facility for Clinicians to record current and historical results.

Inclusion of new risk categories:

- Low Risk
- Intermediate Risk
- Higher Risk
- Unsatisfactory

NB. Early preview – subject to change

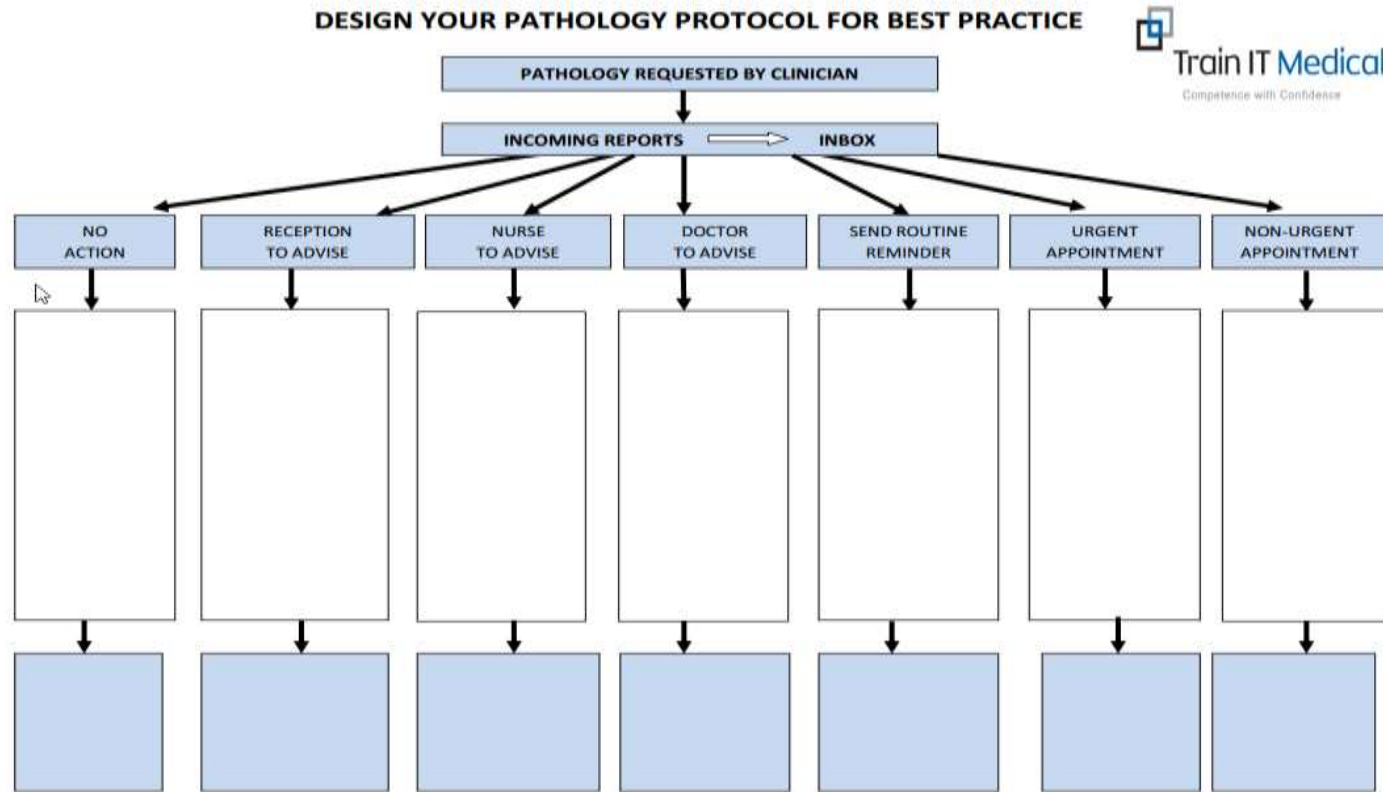
An effective 'Holding File' system is vital



CREATE YOUR OWN

See samples: <http://trainitmedical.com.au/manuals-free-downloads/md-ps-free-templates>

An effective 'Inbox' practice system is vital



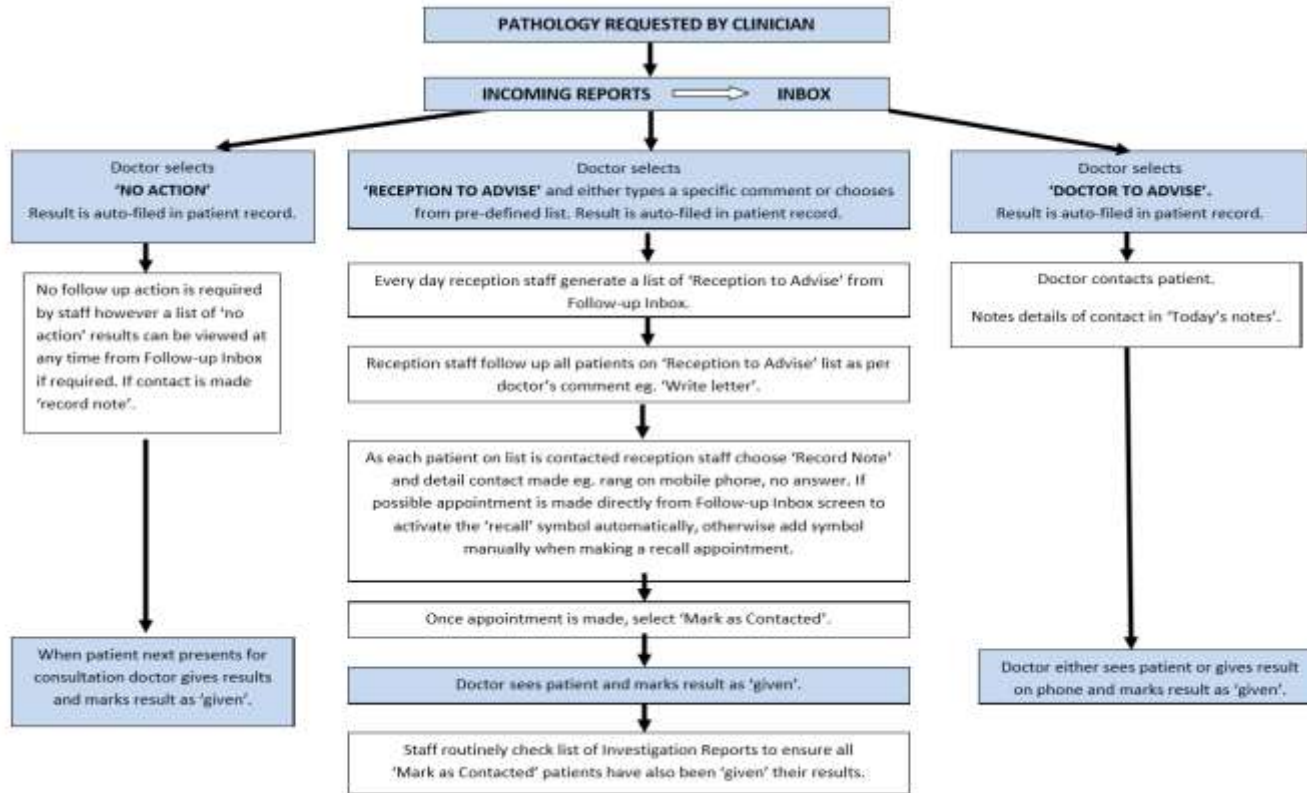
Download a blank flowchart here: <http://trainitmedical.com.au/manuals-free-downloads/bp-software-resources-free-templates>

CREATE YOUR OWN

Bp Premier

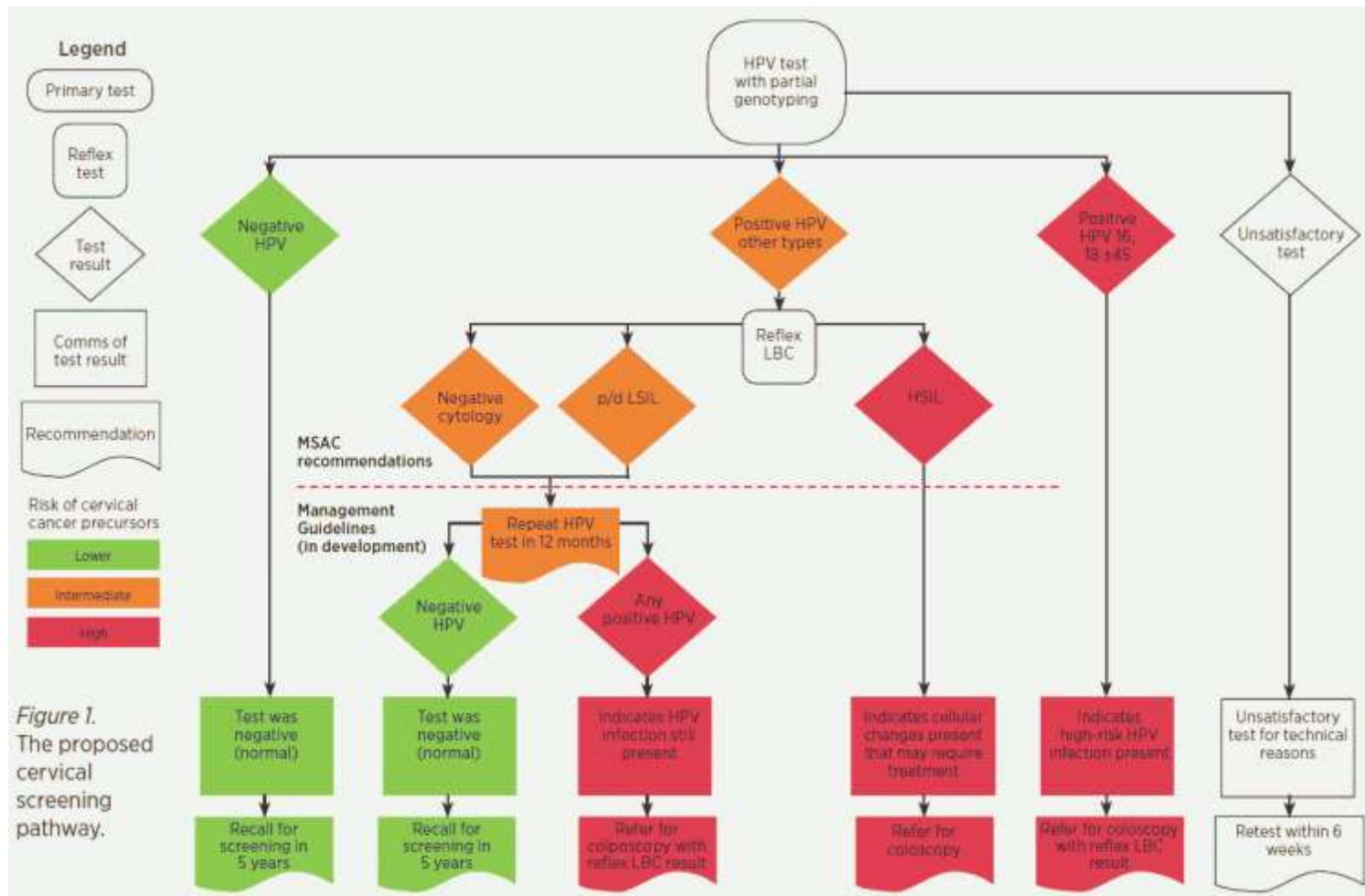
An effective practice system is vital

SAMPLE ONLY



Download a blank flowchart here: <http://trainitmedical.com.au/manuals-free-downloads/bp-software-resources-free-template>

SCREENING PATHWAY



New Recall/Reminder labels required

Add Recall: Penny ANDERSON

Assigned To:
Dr A Practitioner

Recall Reason

PAP/CERVICAL TEST

GENERAL CHECK-UP
GLUCOSE
IMPLANON REPLACEMENT
INFLUENZA VACCINATION
INR REVIEW
MAMMOGRAPHY
PAP SMEAR
PAP/CERVICAL TEST
PNEUMONIA VACCINATION
PROSTATE REVIEW
SKIN CHECK
TETANUS VACCINATION
WEIGHT REVIEW

☐ Restrict by age and gender

Add Reason Edit Reason Delete Reason

Due Date:
1/12/2022

Recall Options

☐ Return urgently
☐ Once only Recall

Recall Interval

5 Weeks
Months
☒ Years

Save
Cancel

NB. Early preview – subject to change

We've seen what can happen if we're not careful:

PA
PAP
PAP - 1 YEAR
PAP - 2 YEAR
PAP - ABNORMAL
PAP - CYTOLOGY
PAP - RECALL
PAP - REMINDER
PAP & BREAST CHECK
PAP SMEAR
PAP SMEAR TEST
PAP TEST
PAP TEST FOLLOW UP WITH DR JACKSON
PAP TEST REMINDER
PAPP

Tips for Success:

- Define your system
- Control your list
- Label so patients don't stress if they receive a sms or letter with the reason.



Now's a great time to start data cleansing!

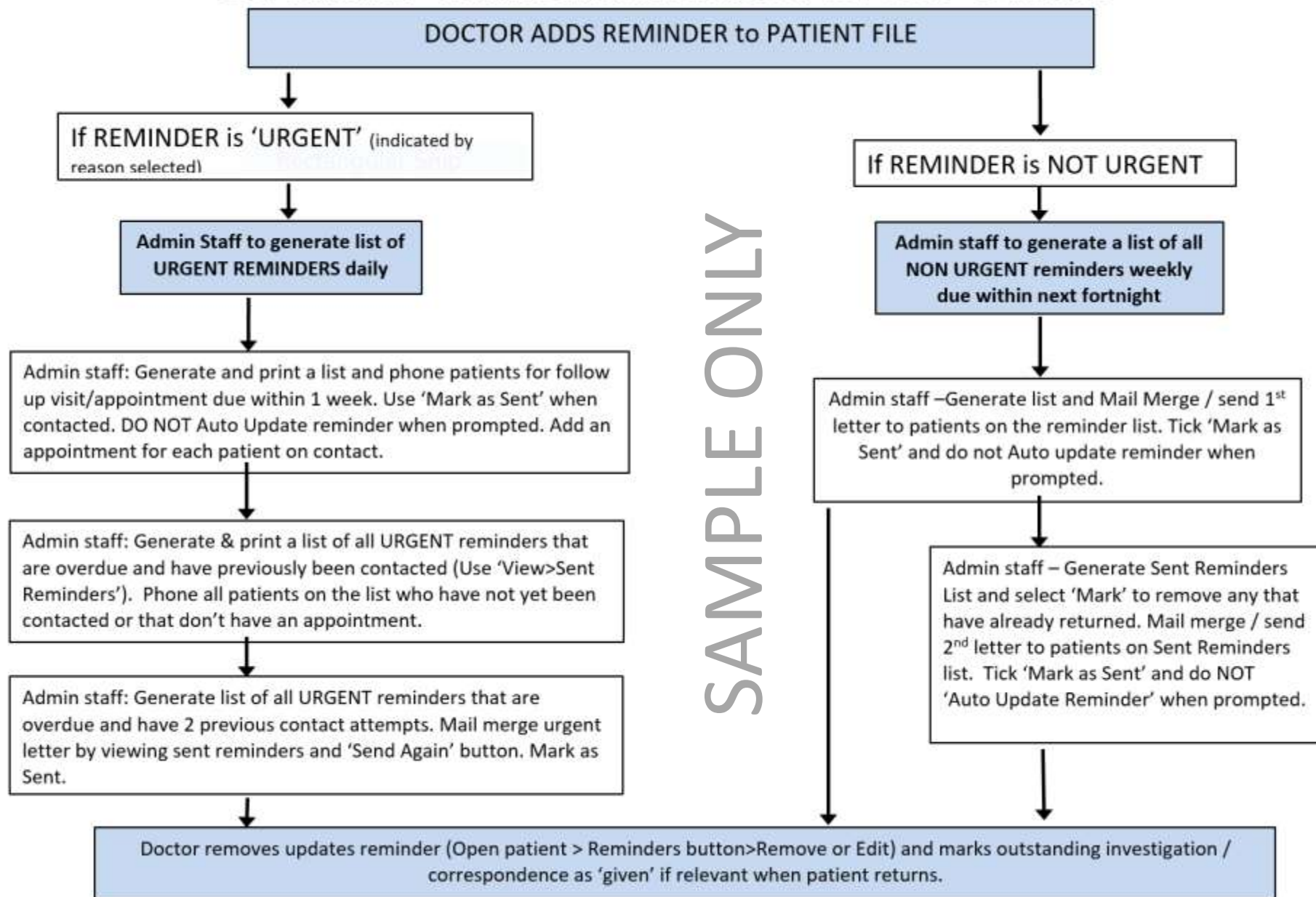
HEALTH ASSESSMENT OVER 75	
HEALTH ASSESSMENT	
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	75 YEARS
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75
HEALTH ASSESSMENT	OVER 75

Save time, money AND minimize risk

COIL REMOVAL
COLON
COLONO
COLONOSC
COLONOSCO
COLONOSCOPI
COLONOSCOPE
COLONOSCOPY
COLONOSCOPY AND ENDOSCOPY
COLONOSCOPY REPORT AND REVIEW
COLONOSCOPY
COLPOSCOPY

With a list like this how do you identify true recalls ie. Clinically significant/probability of harm/must follow-up/medico-legal/keep the doctor informed & document every single contact attempt?

BEST PRACTICE – REMINDER MANAGEMENT PROTOCOL – SAMPLE 1



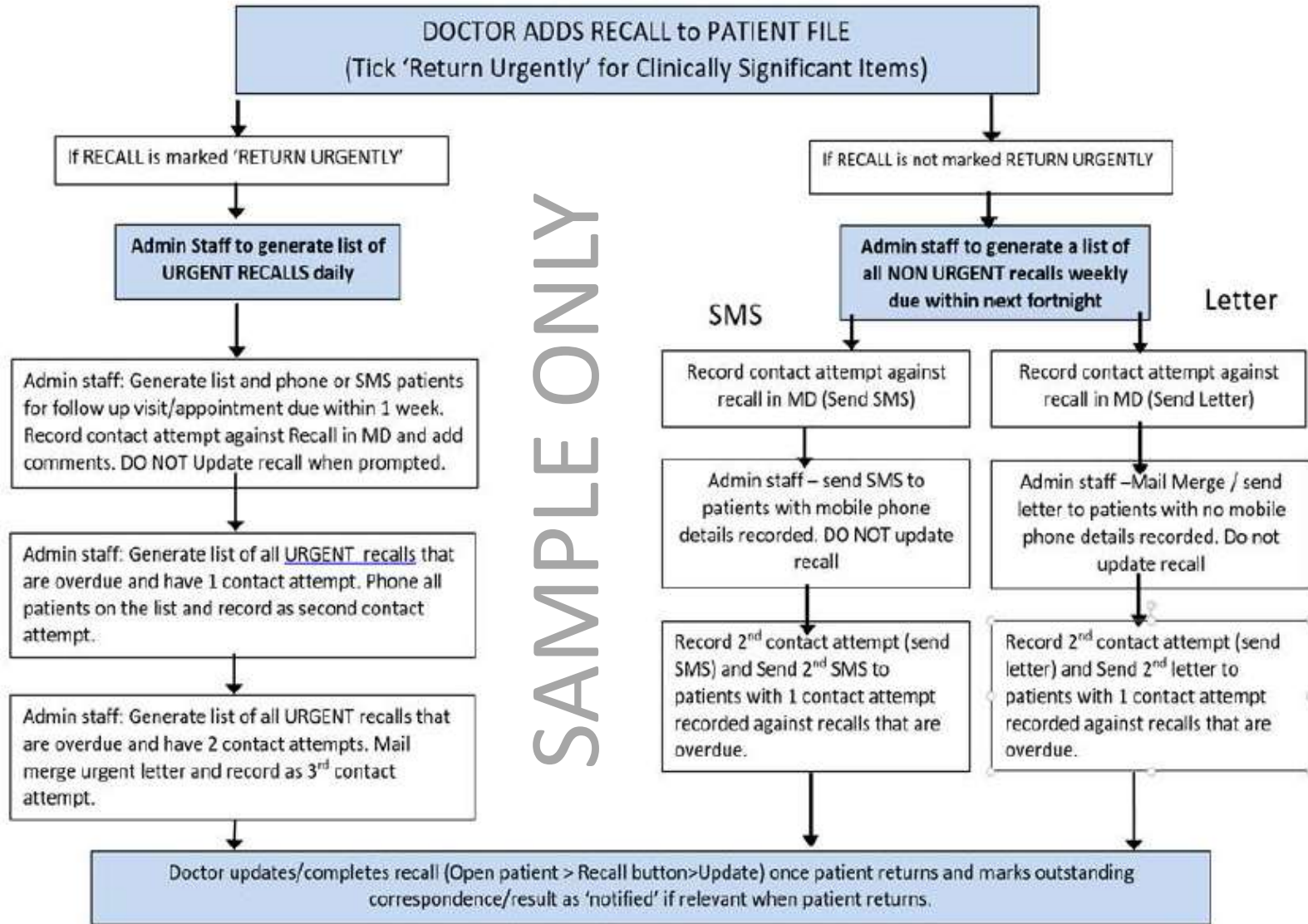
Coming soon in Bp Premier

- SMS reminders
- Patient app – ‘Best Health’

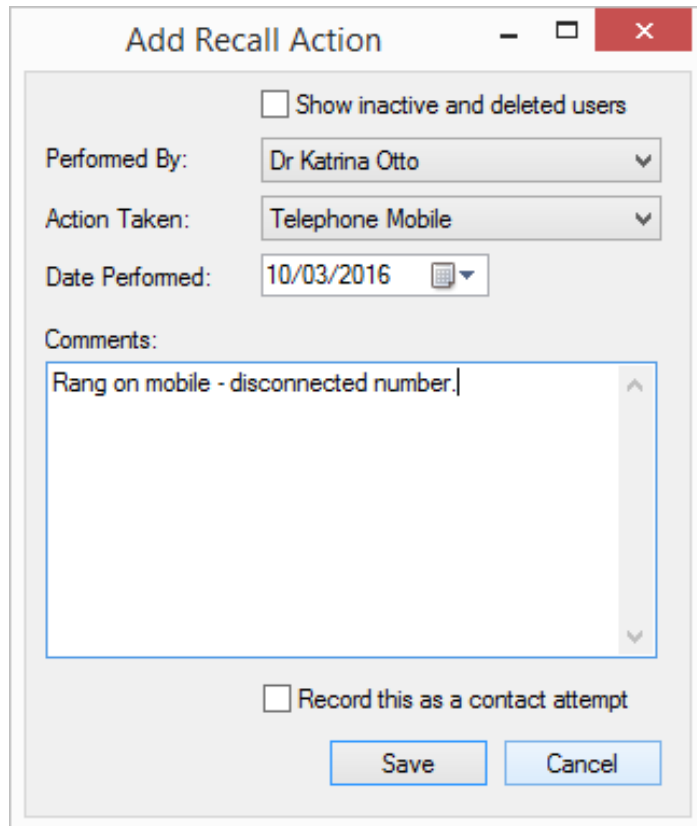


[Download Train IT Medical ‘Results Management’ Presentation from Bp Summit 2017](#)

MEDICALDIRECTOR – RECALL MANAGEMENT PROTOCOL – SAMPLE 2



Follow Up Recalls & Reminders



The screenshot shows a window titled "Add Recall Action" with a standard Windows-style title bar (minimize, maximize, close buttons). Inside the window, there is a checkbox labeled "Show inactive and deleted users" which is currently unchecked. Below this, there are three fields: "Performed By:" with a dropdown menu showing "Dr Katrina Otto", "Action Taken:" with a dropdown menu showing "Telephone Mobile", and "Date Performed:" with a text box showing "10/03/2016" and a calendar icon. Below these fields is a "Comments:" label followed by a large text area containing the text "Rang on mobile - disconnected number.". At the bottom of the window, there is another checkbox labeled "Record this as a contact attempt" which is unchecked, and two buttons labeled "Save" and "Cancel".

- Track Contact Attempts
- Review Audit Log
- Remove recall once complete

RECALLS

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.



Further Information



[Train IT Medical Free Resources – Cervical Screening Program](#)

[National Cervical Screening Program - Dept of Health - FAQs](#)

[Cervical Screening Changes FAQ - Video - Dr Sally Sweeney Hunter New England Central Coast PHN \(HNECCPHN\)](#)

[NPS Information & FAQs](#)

[NPS free eLearning](#)

[Cancer Council Australia Cancer Guidelines Wiki](#)

['Cancer Council study confirms starting cervical cancer screening at age 25 is safe'](#)

[Cancer Institute NSW 'Information for Health Professionals'](#)

[Untold Stories - Cervical Cancer Screening - Audio-visual stories](#)

(Family Planning NSW). Spoken in Arabic, Assyrian, Dari, French, Hindi, Karen, Khmer, Mandarin, Nepalese & Vietnamese.

['Changes to cervical screening will benefit Australian women' RACGP media release](#)

[NCPHN Cervical Screening Workshop Presenter Slides](#)

Further Information



- **RACGP – Putting Prevention into Practice (Green Book)**
<http://www.racgp.org.au/your-practice/guidelines/greenbook/>
- **MedicalDirector – Recalls, Reminders, Actions Fact Sheet**
[http://medicaldirector.com/uploads/Recalls, Reminders, Actions, and Outstanding Requests Fact Sheet.pdf](http://medicaldirector.com/uploads/Recalls,_Reminders,_Actions,_and_Outstanding_Requests_Fact_Sheet.pdf)
- **MedicalDirector – Recalls, Reminders, Actions Fact Sheet**
[http://trainitmedical.com.au/wp-content/uploads/2012/07/MD-Recommendations for SMS Messaging with Appointments Recalls and Reminders.pdf](http://trainitmedical.com.au/wp-content/uploads/2012/07/MD-Recommendations_for_SMS_Messaging_with_Appointments_Recalls_and_Reminders.pdf)
- **AMA- Recall systems and patient consent -** <https://ama.com.au/position-statement/patient-follow-recall-and-reminder-systems-2013>
- **Avant – The Dos and Don'ts of patient sms** <http://www.avant.org.au/news/20160419-dos-and-donts-of-patient-sms-communication/>
- **Train IT Medical – Practice Management free resources –**
<http://trainitmedical.com.au/practice-management-free-resources>

With thanks to MedicalDirector & Best Practice Software + NCPHN & Pen Clinical Systems for input into this presentation.

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With best wishes, Katrina Otto