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CONFERENCE ABSTRACT

Innovation in Cancer Screening through Quality Improvement

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Introduction: The Community-led Cancer Screening Project (CLCSP) funded by the Victorian Department of Health and Human Services is a three-year project being run in partnership with the North Western Melbourne Primary Health Network (NWMPHN), and two other Primary Health Networks in Victoria.

The project aims to increase participation in bowel, cervical and breast cancer screening programs by building capacity within primary care and through facilitated targeted community-led interventions. The project focuses on under-screened communities including Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islanders and people experiencing socio-economic disadvantage.

This abstract focuses on the building capacity within primary care aspect of the project.

Practice change implemented: Evidence shows higher cancer screening participation rates with greater involvement of primary care1. This project works with general practices to understand the challenges and barriers to screening and to support practices to undertake activities to increase screening rates in these populations.

Aim and theory of change: Practices will undertake practice-based quality improvement (QI) activities using the Model for Improvement (MFI) methodology, which provides a framework for practices to develop, test and implement changes using Plan, Do, Study, Act (PDSA) cycles.

Practices will participate in three workshops that will provide clinical updates on cancer screening and the MFI methodology, and facilitate peer-to-peer learning. Practices receive in-practice support from NWMPHN staff throughout.

Using the MFI methodology practices implement changes to work towards increasing cancer screening rates. Through this process screening rates are increased, particularly for under-screened populations.

Targeted population and stakeholders: Brimbank and Wyndham Local Government Areas were selected to be the focus of this activity due to low screening rates. Specifically, the CALD community and people of low socio-economic status in Brimbank and the Aboriginal and Torres Strait Islander community in Wyndham.

Timeline: The activity commenced in May 2019 and will be implemented over 12 months.

Highlights: Development of a cancer screening QI toolkit in collaboration with participating PHNs

Practices recruited by a selection panel that included a GP and community member

Development of data reports: Completion of pre-activity confidence surveys – 23% participants not confident with cancer screening, 46% partially confident, 27% entirely confident

Sustainability: The activity aims to embed QI and develop clinical champions who can continue to support initiatives to improve cancer screening and mentor others.

Transferability: Practices will become confident in QI methodology that they can apply to other diseases/conditions. They are also provided the opportunity to share learnings with peers.

Conclusions: The MFI has been demonstrated to improve practice-level outcomes. We expect that using this methodology practices will see increased cancer screening rates in underscreened populations.

Further results available in November.

Discussions: Initially, participating practices are focusing on data cleansing, identifying eligible patients and actively recalling them. Further analysis of results available by November.

Lessons learned: The MFI is a well-accepted model for implementing change in general practice to achieve improvements such as improved cancer screening

Access to specialists is key to engaging practices