

# Welcome to Project ECHO Population Health Network: Reproductive Health Series

## Series 1: Session 1

“ Catching up on cervical cancer screening: mini audits and quality improvement in primary care ”



Supporting general practice, commissioning health services into gaps and driving service integration.

**phn**  
WESTERN VICTORIA  
An Australian Government Initiative

# Acknowledgement of Countries



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

I'd like to begin by acknowledging the Traditional Owners and custodians of the lands and waterways from which we are all zooming in from today.

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jaadwa and Jupagalk peoples

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities.

We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

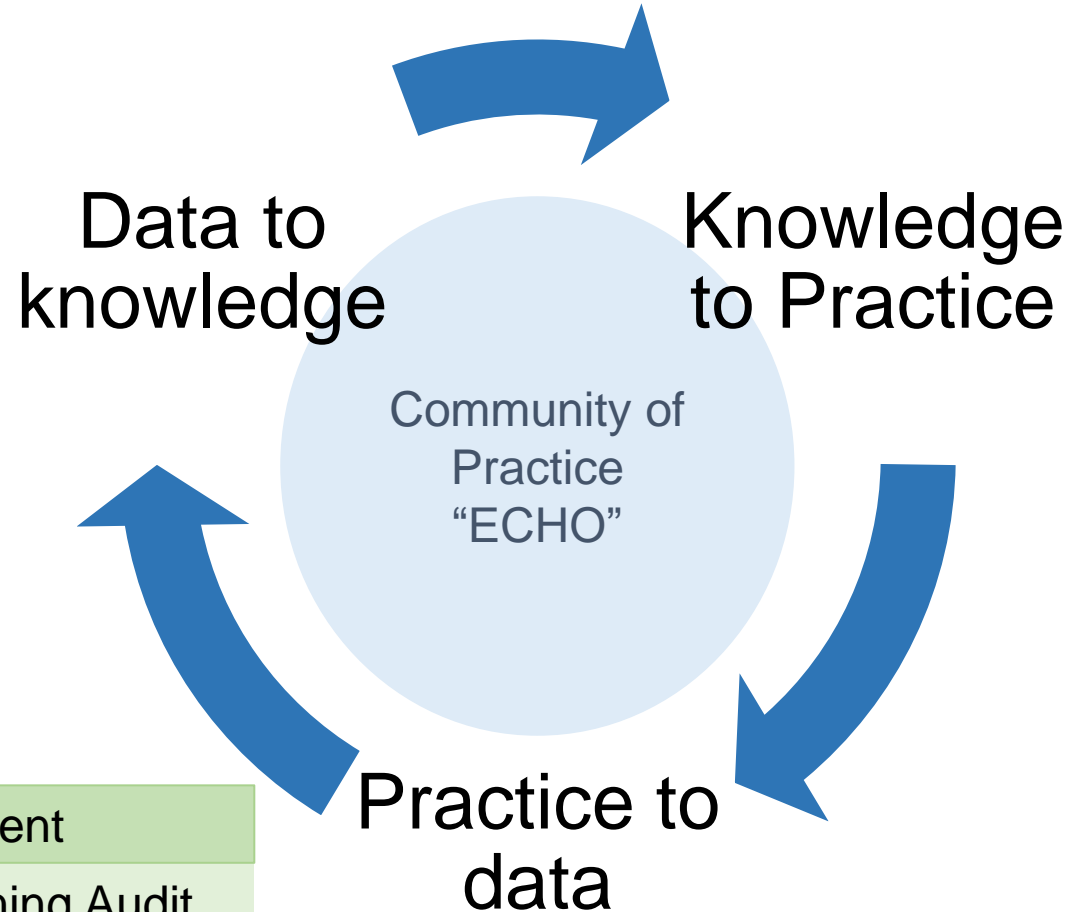
We support self-determination for First Nations Peoples and organisations and will work together on Closing the Gap.

# A Learning Health Systems approach to Reproductive Health

## Knowledge Management

### Early Medical Abortion and LARC access

- Understanding our regions service demand and service provision
- identifying systems barriers



## Data Management

### Cervical Screening Audit

- Digital tools to extract EMR data
- CPD
- self collected screening test

## Change Management

### Persistent Pelvic Pain

- Model of care design in contest of federal and state funding
- Integrated care discussions

Based on the IOM 2007 Conceptual model of LHS





# WVPHN – Your CPD Centre

We are here to help you complete your CPD requirements for the 2023-25 Triennium

## Project ECHO

- accredited as a Peer Group Learning (PGL) Activity with RACGP and ACRRM
- eligible for *Reviewing Performance* hours

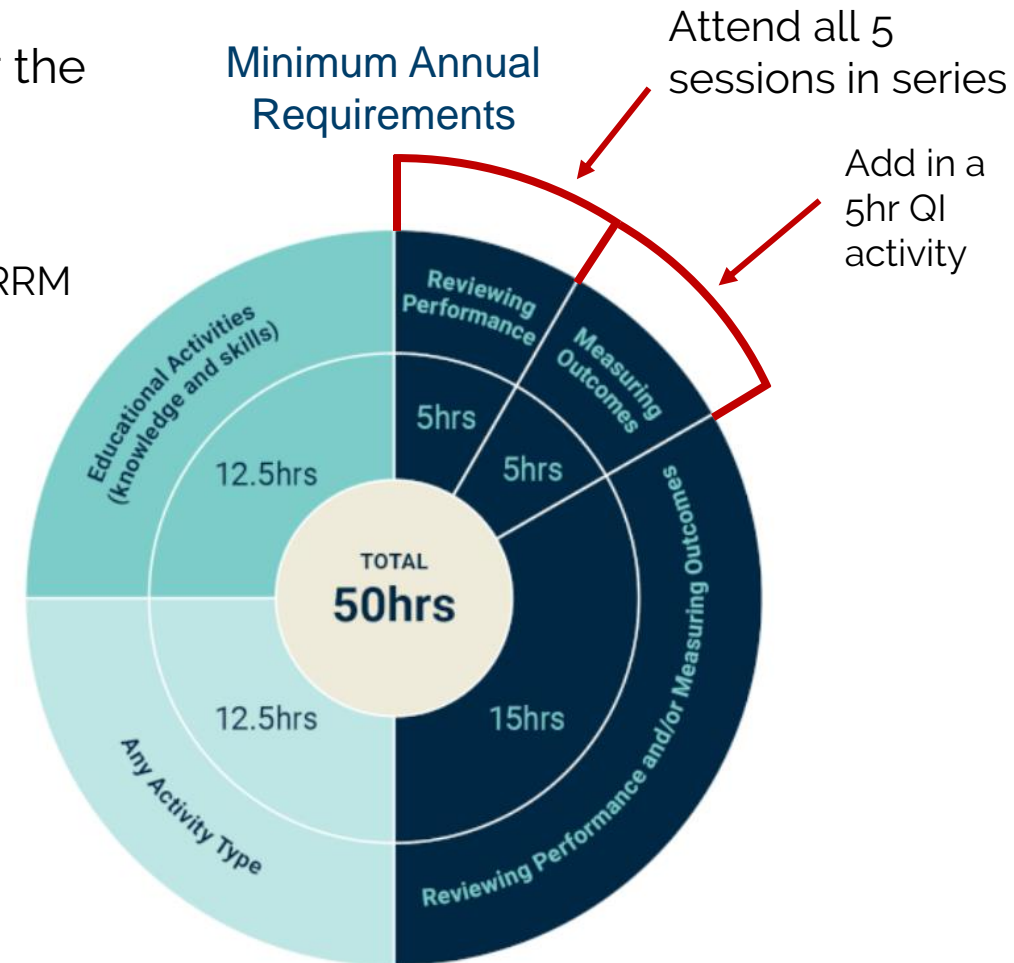
## If a GP attends

- Each of the 5 ECHO sessions in a series
- We upload 5 **Reviewing Performance** hours to your CPD Dashboard

## Add in a QI activity


- Related to the ECHO series
- Developed and supported by PFs
- 5 **Measuring Outcomes** hours

- We'll walk through the Polar audit today and again in 6 months
- And show you how to upload your template to Practice Connect to receive Measuring outcomes points (no patient data included)



# CPD: Mini Audit

CPD ACTIVITY: MEASURING OUTCOMES



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<b>GP name:</b>	<b>Measuring Outcomes Activity:</b>	<b>Total hours allocated:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Start date:</b>	<b>End date:</b>		
<input type="text"/>	<input type="text"/>		
<b>GP /GP group /Practice team</b>			
<input type="text"/>			

Specific

Provide a clear description of what needs to be achieved.

Measurable

Include a metric with a target that indicates success.

Achievable

Set a challenging target but keep it realistic.

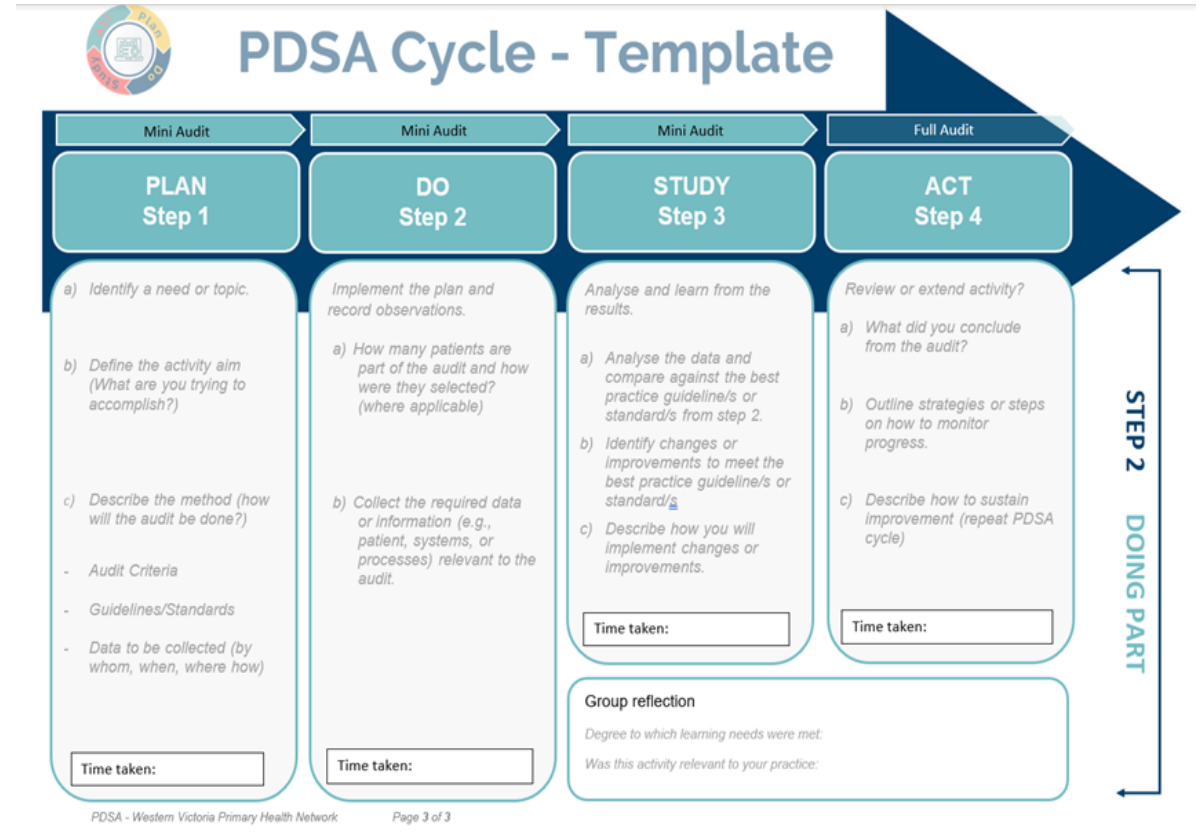
Relevant

Keep your goal consistent with higher-level goals.

Time-Bound

Set a date for when your goal needs to be achieved.

<b>Goal:</b> What are we trying to accomplish?		<b>Activity team</b>	STEP 1 THINKING PART
<b>Change Ideas:</b> What change can we make that will result in an improvement?		<ul style="list-style-type: none"> <li>Name/ role</li> <li>Name/ role</li> <li>Name /role</li> </ul>	
<b>Benchmark:</b> What is our current data saying?		<p><b>Your CPD activity</b></p> <p style="font-size: 0.8em;">Activities that use GP work data to ensure quality results. Assessing incident reports, undertaking practice audits, root cause analysis, quality improvement projects and including Morbidity and Mortality meetings and case conferences. RACGP advises for activities to be recognised they must meet the chosen criteria and be minimum of 30 mins. RACGP recommend minimum of 6 hours for a PDSA. <b>Use the template on page 3 to create your own activity.</b></p>	
<b>Measures:</b> How will we know that a change is an improvement?		<p><b>Note</b></p> <p style="font-size: 0.8em;">Consider ethical, privacy (Privacy Act 1988) and confidentiality issues relating to patient information, where applicable. How will patient privacy, confidentiality and consent be addressed?</p>	
What data will we use to track our improvement?			



Should we run a lunchtime session walking through the new CPD audit and Measuring outcomes?

## Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in “chat”
- Use chat to ask questions
- Please remain on ‘mute’ except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

# Learning outcomes

## Series learning outcomes

- Discuss the use of practice level and population health data to inform quality improvement plans
- Discuss the use of digital tools to develop innovative approaches to health service issues.
- Consider challenges and barriers to providing best practice care for reproductive health in the primary care setting
- Participate in a community of interest, learning and practice.
- Opportunity to review and discuss emerging COVID-19 information relevant to general practice

## Session 1 Learning outcomes

- Describe how to use the Polar GP data extraction tool to analyse routinely collected patient data
- Contribute to the development of a quality improvement plan that could be used in primary care to increase cervical screening rates
- Develop a mini audit for use in primary care
- Discuss the use of mini-audits and the Polar extraction tool for measuring quality improvement activity outcomes

Don't forget to fill out our session evaluation at the end of the session.



# Agenda– Reproductive Health Series 1: Session 1

## “Catching up on cervical cancer screening: mini audits and quality improvement in primary care”

**Facilitator: Dr Bianca Forrester**, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

**Naomi White**, Senior Manager Regional Partnerships and Public Health – Grampians, Western Victoria Primary Health Network

- Health Alerts and New announcements

**Jasmine Peldys**, Primary Care Project Manager, Western Victoria Primary Health Network

- Learnings from the Maximising Cancer Screening Project:

**Case discussion: Dr Anne Stephenson**, Surfcoast Medical Centre

**Judy Slape**, Cervical Cancer Elimination Lead, Prevention Division

- Cervical Screening – Self Collection

**Sarah Crowe**, Digital Health Manager, Western Victoria Primary Health Network

- Polar Walkthrough

**Panel for Discussion: Dr Kate Graham**, GP and Clinical Editor – HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

**Network Co-ordinator: Jemma Missbach**, Western Victoria Primary Health Network





# COVID Key Messages

- We are in a new COVID wave
- ATAGI has reviewed the available evidence and advises that for people aged 12 years and older, a **bivalent COVID-19 vaccine is now preferred over original (ancestral) vaccines for primary course vaccination.**
  - People aged 12 and older who have commenced their primary course with an original (ancestral) vaccine are recommended to complete the course with a bivalent vaccine.
- Alfred COVID anti-viral prescribing hotline has ceased operations
  - A reminder for GPs that [Paxlovid is the preferred oral anti-viral treatment option](#)
  - Covid-19 antivirals are available for PBS prescribing through the [Doctor's Prescriber Bag](#)
- WVPHN COVID anti-viral map has been updated – increase in those stocking both medications
  - [pharmacies in the region currently dispensing Covid-19 antiviral medications](#)

# COVID positive pathways ending

- Care for all COVID positive persons is shifting to the community setting.
- Victorian COVID positive pathways program is winding down services.
  - As of 1st of June will no longer take new patients and all enrolled pts to cease with program by 1st July.
- For Geelong, Bellarine, Golden Plains and Colac area GPs can refer high risk or persons of significant concern to Barwon Health remote Patient Monitoring.
  - Further details can be found through HealthPathways [HealthPathways Covid-19 Referrals and Escalation of Care \(Geelong Otway\) page](#)

# Health Alerts

- 26/5 Legionnaires' disease in Cheltenham and the surrounding suburbs.
- 31/5 Grampians PHU have notified of a positive Meningococcal case at ballarat Grammar. This student was not a boarder but has had significant contact with boarder. Please consider in relevant presentation.
- 26/5 COVID - The seven-day rolling average of patients with COVID in Victorian hospitals is 415, an increase of 23 per cent from last week. There are currently 431 COVID patients in Victorian hospitals. There are currently 15 COVID patients in intensive care.

# Cervical Screening Test – Self Collection

- From **1 July 2022** all women and people with a cervix screening under the National Cervical Screening Program (NCSP) will have the choice to screen using either a self-collected vaginal sample or a clinician-collected sample. Both screening options will still be accessed through a healthcare provider.
  - Self-screening is available to people with a cervix who
    - are aged between 25 and 74
  - Self-screening is NOT appropriate for people who:
    - have [symptoms](#) of cervical cancer
    - or if you are experiencing unusual bleeding, pain or discharge

[Self collection to increase choice within the National Cervical Screening Program | Australian Government Department of Health and Aged Care](#)



## **Learnings from the Maximising Cancer Screening Project:**

How quality improvement and utilising self-collection can increase your cervical screening uptake within your patient population.

Jasmine Peldys – Primary Care Project Manager

Supporting general practice, commissioning health services into gaps and driving service integration.



## Maximising Cancer Screening Project 2022-2023

- Developed following success of North Western Melbourne PHN 2020-2021 pilot in response to reduced cancer notifications as a result of the COVID-19 pandemic
- Funded by Victorian DoH
- All Victorian PHNs participating.
- General practice is central to increasing cancer screening participation rates.
- Focus on either;
  - breast
  - bowel
  - cervical screening (focus on self-collection)
  - liver (hep B/C)



February



3 month QI activity



Activity completed



May

### Project requirements:

- Complete **QI activity** focused on chosen screening
- Use **POLAR** to identify recall list for patients
- Encouraged to utilise **GoShare** for recalls
- Complete **education modules** developed by ACPCC
- Fortnightly **check ins** encouraged with project officer to flag any issues
- **Evaluation**





## Quality Improvement

- **PDSA = Plan, Do, Study, Act**
- RACGP CPD
  - Measuring outcomes – can self-report two CPD points per hour attributed to completing PDSA cycle
- RACGP 5<sup>th</sup> standards
  - Quality Improvement module
- PIP QI incentive payment





Always set a 'SMART' goal

SPECIFIC

MEASURABLE

ACHIEVABLE

RELEVANT

TIME-BOUND

Adopt a 'whole of practice' approach



***From 2017-2021, Western Victoria PHN had the 7 lowest performing LGAs for participation in the cervical screening program***

***(Victorian Department of Health May 2023)***

# Reported learnings from project from PDSAs

*'Patients welcomed the news of self-collection as an option, and it saves clinicians time and took down any barriers to screening'*

*'Self-collection is still very new, but people were very happy to self-collect if talked through it/demo with the PN firstly.'*

*'Keep offering self-collection opportunistically AND in clinic – swabs often didn't come back if people took them home to do.'*

*'We learned that nursing staff appreciated being educated about the self-collection test to be able to answer questions and discuss with patients during other appointments if they saw a patient was due for their CST.'*

# Example PDSA breakdown from project



## Goal - What are we trying to accomplish?

Increase number of cervical screenings in our patient population, especially in under and never screened women, by providing a safe and comfortable environment through self-collection.  
Promote cervical screening in the practice by using culturally appropriate resources.

## Measures - How will we know that a change is an improvement?

The results of this measure will be recorded at baseline and over time. We will compare the data recorded at baseline with the data at the end of activity (3 months) to see whether our SMART goal has been achieved.

## What data will we use to track our improvement?

POLAR data.

# Example PDSA breakdown from project



## PLAN

*Develop a plan and the steps involved*

**SMART GOAL** = Increase the number of CSTs completed over 3 months by 5% within practice population.

Steps:

- Consult with the PHN Project Officer to develop a plan of action
- Adopt of whole-of-practice approach to activity;
- Discuss workflow with all practice staff at meetings i.e recalls/reminders, script for SMS/calling patients
- Educate practice staff on cervical screening self-collection
- Have culturally safe information available in patient waiting areas regarding cervical screening self-collection
- Utilise POLAR to identify patients eligible for self-collection/due for cervical screening
- Consider increasing allocated appointment time and having additional appointments to accommodate working hours

# DO

## *Implement the plan and record observations*

- Getting our nurses to work on the implementation of some workflows makes it safer and more effective.
- Whole of practice meetings to go through policy worked well - going to work on other projects together.

# STUDY

## *Analyse and learn from the results*

- SMART goal was achieved
- We are really happy with the more effective workflows we have around cervical screening.
- Many patients happy for staff to assist with self-collection

# ACT

## *Review or extend activity?*

- Having our nurses more involved in managing our reminder systems has been a gamechanger for us. We are committed to doing more of this going forward.
- We can accomplish a lot if we work as a team.



# Close call detected during project period

Patient who completed a CST 1 year ago.  
Missed positive HPV result from pathology.  
Patient had colposcopy which was normal.

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- With change from 2 to 5 years for CST, may have been undetected for longer.
- New nurse workflows will help avoid this repeating in the future
- Looking into other workflows beyond CST that could be implemented.





# NATIONAL CANCER SCREENING REGISTER

## NATIONAL BOWELCANCER SCREENING PROGRAM

## NATIONAL CERVICAL SCREENING PROGRAM

A joint Australian, State and Territory Government Program

This screenshot shows the user interface for a participant named Jane Doe. The top navigation bar includes the Australian Government logo, the National Cancer Screening Register logo, and tabs for 'Bowel', 'Cervical', and 'Medicare Details'. The user's name 'JANE DOE' and 'Return to myGov' button are visible. Below the navigation, there are tabs for 'Program Details', 'My Details', and 'Messages'. The main content area displays a 'Welcome JANE' message, followed by 'Program Screening Details' showing the last and next bowel screening dates. Below this is the 'Manage Bowel Program' section with four options: 'Order Bowel Test Kit', 'Opt Out', 'Defer', and 'Participant Details Form'.

This screenshot shows the 'Participant' profile page for Jane Citizen. The top navigation bar includes the Australian Government logo, the National Cancer Screening Register logo, and tabs for 'Participant' and 'My Profile'. The user's name 'John Citizen (John.Citizen)' and 'Provider No: XXXXXXX' are visible. Below the navigation, there are tabs for 'Bowel' and 'Cervical'. The main content area displays 'CITIZEN, JANE (Female)' and a table of personal details including Date of Birth, Age, Medicare Number, IHI Number, RRN, Last Screening, and Next Screening. Below this is the 'Forms' section with a 'Filter' button and a 'Choose a form' button. A table lists screening forms with columns for Event Date, Document Name, Status, Deleted On, and Action.

Event Date	Document Name	Status	Deleted On	Action
24 Mar 2020	NCSP - Cytology and HPV Coding	Complete		<a href="#">View</a>
24 Mar 2020	NCSP - Histology Coding	Deleted	24 Mar 2020	<a href="#">View</a>
24 Mar 2020	NCSP - Histology Coding	Complete		<a href="#">View</a>
18 Mar 2020	NCSP - Cytology and HPV Coding	Complete		<a href="#">View</a>

Increasing cervical screening within your patient population

# CCV's 5-year Cervical Cancer Elimination Strategy: Year 2 Activities (Jan 2023-Dec 2023)

## **Pillar 1: Increase cervical screening participation**

- **Regional cervical screening/ self collection communications campaign; 25-74 year olds (Sep 2023)**
- **Supporting healthcare professional and community engagement activities**
- Co-develop cervical screening interventions for Arabic speaking community (Sep-Nov 2023)
- Identify activities to help HCP offer and support self-collection

## **Pillar 2: Address patient level barriers to colposcopy attendance**

- **Complete qualitative research into patient level barriers to colposcopy attendance**
- **Develop and promote resources to reduce identified patients level barriers**
- **Scope opportunities to expand/ tailor these interventions for future years of the strategy**

## **Pillar 3: Sustain HPV vaccination confidence and coverage**

- **Communication and engagement campaigns**
- **Tailor HPV vaccination resources for different populations (adolescents with a disability)**

# Elimination regional campaign summary

## LAUNCH DATE

Mid September 2023

## TARGET AUDIENCE

### Primary:

Victorians aged 25-74, living in regional Victoria

### Secondary:

Health professionals in regional Victoria that can promote/facilitate cervical screening

## OBJECTIVES

### Women and people with a cervix aged 25-74, living in regional Victoria

- Increase awareness and knowledge of regional Victorian women and people with a cervix aged 25-74 about the National Cervical Screening Program and self-collection.
- Increase confidence in ability of regional Victorian women and people with a cervix aged 25-74 to do a self-collected Cervical Screening Test.
- Increase the number of eligible women and people with a cervix aged 25-74 living in regional areas of Victoria who intend to participate in cervical screening through clinician collected CST or self-collection.
- Increase cervical screening participation rates in regional Victoria during and up to three months after the campaign period.

### Health professionals

- Promote the availability of self-collection as a cervical screening option to regional healthcare providers.

## Campaign activities – Healthcare professionals

**Ballarat cinema 'launch' event and  
engagement**  
**6<sup>th</sup> September 2023**  
(Potential to reproduce in  
Horsham/Grampians region)

**Regional webinars - Murray PHN  
17<sup>th</sup> August 2023, Gippsland  
PHN TBC**  
(In collaboration with ACPPCC)

**Grampians face-to-face or webinar  
education event TBC**  
(In collaboration with ACPPCC)

**Mail out to practices in Ballarat,  
Northern Grampians and Southern  
Grampians**

**Stakeholders toolkits and  
newsletter content**

**Cancer Council Victoria:** [www.cancervic.org.au/cancer-information/screening/cervical-screening/selfcollection](http://www.cancervic.org.au/cancer-information/screening/cervical-screening/selfcollection)

**Australian Centre for the Prevention of Cervical Cancer**  
[www.acpcc.org.au/practitioners/selfcollection](http://www.acpcc.org.au/practitioners/selfcollection)

Judy Slape

**Cervical Cancer Elimination Lead**

[judy.slape@cancervic.org.au](mailto:judy.slape@cancervic.org.au)

# Patients eligible for Cervical Screening Test or Self-Collection



Double click to view list

**Patient Count**

**81,010** 42,858 Active

(Excluded Patients: 0)

Excluded patients are those defined by the the Exclusion filters. These patients are excluded from the patient count.

This functionality is available on the Clinical Indicators page.

**FILTERS**

- Patient ▶
- Activity ▶
- Provider ▶
- Diagnosis ▶
- Medications ▶
- Pathology ▶
- Radiology ▶
- Immunisation ▶
- Service ▶
- Cervical Screening ▶

### Patients eligible for Cervical Screening Test or Self-Collection

Cervical Screening Test Eligibility	
Patient Status	Active
Gender	Female
Age Group	25 to 74 (inclusive)
Hysterectomy	No
Excluded from Recalls (Cervical Screening)	No
Latest Cervical Screening Test	>=5 Years AND
Latest Pap Smear Test	>=2 Years OR
	No Recorded Test Ever

[Click to select patients due for Cervical Screening Test](#)

Please note: Patients with an abnormal pap test/cervical screening test result may require retesting prior to the two year cycle for pap tests and five year cycle for cervical screening tests but will not be picked up in this selector

Cervical Screening Self Collection Test Eligibility	
Patient Status	Active
Gender	Female
Age Group	30 to 74 (inclusive)
Hysterectomy	No
Pregnant	No
Excluded from Recalls (Cervical Screening)	No
Latest Cervical Screening Test	>=7 Years AND
Latest Pap Smear Test	>=4 Years OR
	No Recorded Test Ever

[Click to select patients due for Cervical Screening Test and eligible for Self Collection](#)

Please note: Patients with an abnormal pap test/cervical screening test result may require retesting prior to the two year cycle for pap tests and five year cycle for cervical screening tests but will not be picked up in this selector

### Testing Overview

#### LAST TEST PERFORMED

Age Group	Count
0 to 0 M...	268
0 to 12...	168
1 Year 10...	279
2 Years 1...	788
4 Years 1...	592
Over 5 Y...	191

#### COUNT OF TESTS DRILLDOWN

Year	Count
2015	0
2016	0
2017	~100
2018	~800
2019	~900
2020	~500
2021	~450
2022	~450
2023	~250

### Positive Test Results

#### POSITIVE CERVICAL SCREENING TEST & PAP SMEAR TEST RESULTS

Risk Level	Count
Low Risk	181
Borderl...	29
Low-gr...	34
Unsett...	8
Interm...	20
High-gr...	8
High-R...	17
C.I.N. 2	3
Borderl...	1

#### TESTS WITH POSITIVE HPV RESULTS

HPV Type	Count
HPV 16	20
HPV 18	9
HPV Ot...	99
HPV 30...	23

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# HealthPathways Reproductive Health

## CLINICAL

[Termination of Pregnancy \(TOP\)](#)

[Follow-up for Termination of Pregnancy \(TOP\)](#)

[Contraception and Sterilisation](#)

[Contraceptive Implant](#)

[Intrauterine System or Device \(IUD\)](#)

[Contraceptive Injection](#)

[Persistent Pelvic Pain](#)

[Endometriosis](#)

[Cervical Screening](#)

[Cervical Cancer](#)

[Cervical Polyps](#)

## REFERRAL

[colposcopy](#)

[non-acute gynaecology assessment](#)

[gynaecology advice](#)

[acute gynaecology assessment](#)

[Referral for termination of Pregnancy](#)

## CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: [healthpathways@westvicphn.com.au](mailto:healthpathways@westvicphn.com.au)

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

## WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

# GP-paediatrician model of care: Co-design session

The Strengthening Care for Rural Children (SC4RC) project, funded by the Medical Research Future Fund (MRFF), will be trialing an integrated GP-paediatrician model of care in rural Victoria (WVPHN) to increase GP knowledge and confidence in paediatric care. The study will be open to three GP clinics in the Geelong region and nine GP clinics in the Grampians region.

We now invite local GPs to participate in the initial co-design session that will help inform the model of care in your community. This session will be held online via **Zoom on Thursday 8 June 6:00-7:30pm**. GPs will be reimbursed \$150 per hour for their participation.

To register your interest, please scan the QR code below







## Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat



## Upcoming Sessions

- **Thursdays @ 7.30am**
- 8 & 15 June
- Break for holidays
- Weekly from 27 July til 7 September



If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email [projectechocovid19@westvicphn.com.au](mailto:projectechocovid19@westvicphn.com.au)
- Use the comment box in the evaluation form