

Requesting results from screening registries

Bowel screening list

With the release of the National Cancer Screening Register Healthcare Provider Portal, healthcare providers can now electronically access and update information about participant screening.

To gain access to the National Register web-based portal, healthcare providers will be required to authenticate themselves through the creation of a PRODA account or as the delegate of a provider with a PRODA account.

BreastScreen list

Some BreastScreen clinic branches have the ability to provide practice level participation lists for the last 24 months, given they are provided with the required information.

The required information includes:

- » requestor's name
- » practice's name
- » practice's address
- » practice's Healthcare Provider Identifier-Organisation (HPI-O) number
- » doctor/s details: full name, provider number, and Healthcare Provider Identifier-Individual (HPI-I) number.

Only patients who have provided consent to a doctor in your practice to receive results will be included in the list.

Check that the patients appearing on the list you receive from BreastScreen have been recorded as a recognised test result in your practice software.



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e: support@nqphn.com.au w: ngphn.com.au









Cervical screening list

If your patient has gone to another provider for their cervical screening, your practice may not receive the result. This may result in your patient being sent a reminder inappropriately.

Healthcare providers can access information for their practice by logging into the National Cancer Screening Register. To gain access to the National Register web-based portal, healthcare providers are required to authenticate themselves through a PRODA account or as a delegate of a provider PRODA account.

Alternatively, you can send a list of your patients that are showing as overdue for screening in your clinical software to the National Cancer Screening Register (NCSR), along with each patient's Medicare number.

The NCSR can only provide information if they have been provided with your patient's Medicare number.

Call the NCSR on 1800 627 701 to confirm whether this option is available for your practice.

Success in practice

"One of our practices took the initiative to send a list of the 134 patients who appeared as overdue for cervical screening in their system to the National Cancer Screening Register (NCSR). When they got the results back from the NCSR, they found that 73 of these patients had current cervical screening results recorded. This enabled them to update these patients' files and focus their efforts on the remaining 61 patients who were overdue. It was a great result and an easy win for the practice." - Cancer Institute NSW www.cancer.nsw.gov.au









Cancer Screening Continuous Quality Improvement Toolkit Bundle 5

Retrospective data clean-up

A retrospective data clean-up is a labour-intensive process which enables a practice to correct errors related to the past management of cancer screening data.

Incorrect participation statistics and under-screened lists

Data management problems occur when bowel and breast screening results are uploaded into practice software in a PDF document format, as practice software and data tools do not recognise the information as a test result.

Data audit tool	Unrecognisable locations
CAT4	 » Past history » Investigations » Correspondence in » Reason for visit » Past history functions
	Recognisable locations
	See CAT guides: <u>Diagnosis Codes Screening Tests</u> .

Retrospective vs Prospective data cleaning methods

Retrospective (requesting lists for your practice from screening registries)		
Pros	Cons	
» Accurate participation figures established faster.	» Very time-consuming.	
 Accurate reminder list established faster. Higher level of certainty that you are reminding all eligible patients to attend bowel screening 	» The time required to clean-up data can limit engagement in other areas of cancer screening quality improvement.	
and BreastScreen.	» The time required for this activity may limit practice decision-makers' support for cancer screening quality improvement.	

Prospective		
Pros	Cons	
 » Helps teams avoid getting 'bogged down' by data cleaning. » Allows more time to focus on other cancer screening quality improvement activities. 	» It may take up to two years to generate accurate lists of overdue patients for BreastScreen or bowel screening.	
	» Manual reviews of reminder lists will be required if you want to send Bowel screening or BreastScreen reminders from your practice, until the data has been cleaned.	

Adapted from: Cancer Institute NSW, cancer.nsw.gov.au/screening-toolkit

Manual entry of test results

Manual entry for Mammogram test results are possible in both Best Practice and Medical Director software.



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