

## Chapter 38

# Saskatchewan Cancer Agency – Delivering the Screening Program for Breast Cancer

### 1.0 MAIN POINTS

Screening and early detection is critical in helping to reduce deaths from breast cancer. By August 2018, Saskatchewan Cancer Agency had made some progress in improving its processes to deliver its screening program for breast cancer. The Agency implemented two of five recommendations first made in 2016 and partially implemented the remaining three recommendations.

The Agency developed strategies to engage physicians in initiatives to increase awareness of its screening program for breast cancer. In addition, it analyzed information on difficult-to-screen populations to ensure strategies sufficiently reach these individuals for screening.

The Agency also developed tools to begin evaluating its promotional activities but was not using them consistently. In addition, it began tracking and reporting on some additional key quality indicators related to its breast cancer screening program. At August 2018, it was in the process of replacing an IT system that it hopes to use to track and report more key quality indicators.

### 2.0 INTRODUCTION

The Agency, under *The Cancer Agency Act*, is responsible for the planning, organization, delivery, and evaluation of cancer-care services throughout Saskatchewan. This includes providing a systematic population-based screening program for breast cancer. The Agency informs women when they are due for their next mammogram, and suggests women over 50 years of age have a mammogram every two years.

This chapter describes our follow-up of management's actions on the recommendations we made in 2016 about the Agency's processes to deliver its systematic population-based screening program for breast cancer. Our *2016 Report – Volume 1*, Chapter 14 concluded that the Agency had, other than the areas identified in the five recommendations, effective processes to deliver its systematic population-based screening program for breast cancer.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (CSAE 3001). To evaluate the Agency's progress towards meeting our recommendations, we used the relevant criteria from the original audit. The Agency's management agreed with the criteria in the original audit.

Our audit approach focused on meeting with the primary contact person responsible for delivering the breast cancer screening program, understanding relevant key processes and controls in place, examining key documents, and testing the operating effectiveness of the relevant processes and controls.



## 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 15, 2018, and the Agency's actions up to that date. We found that the Agency fully implemented two recommendations and partially implemented the remaining three recommendations.

### 3.1 Evaluation of Promotional Activities Underway

***We recommended that the Saskatchewan Cancer Agency evaluate the success of its screening program for breast cancer promotional activities against expectations.*** (2016 Report – Volume 1; Public Accounts Committee has not yet considered this recommendation as of October 30, 2018)

**Status** – Partially Implemented

In 2016, the Agency began evaluating its promotional activities but did not do so consistently.

The Agency employs four Early Detection Co-ordinators that attend 20-25 promotional events each year throughout the province (e.g., community health fairs, Open Door Society events, wellness expos, tradeshow).

In 2016, the Agency developed a post-event evaluation. Co-ordinators can complete this evaluation to help assess the event and note opportunities to improve. The evaluation includes questions regarding:

- How many participants attended
- Was the targeted audience reached
- What needs to be changed
- Did organizers want the Agency to return to future events
- Would the Agency attend again

We found that for 80% of the post-event evaluations we tested, the evaluation was not completed. The Agency requires Co-ordinators to complete this evaluation for all events.

In the absence of completed post-event evaluations, the Agency continues to rely on the verbal feedback received from Early Detection Co-ordinators during semi-annual meetings.

One of the key indicators used to evaluate the screening program for breast cancer is the participation rate in the program. As shown in **Figure 1**, the participation rate remained relatively the same from 2015-16 to 2017-18, with a slight decrease in 2017-18.

**Figure 1 – Participation Rates in SCA’s Screening Program for Breast Cancer and Number of Mammograms from 2015-16 to 2017-18**

	2015-16	2016-17	2017-18
Participation rate <sup>A</sup>	40.3%	40.3%	39.7%
Total number of mammograms <sup>B</sup>	38,254	38,521	38,055

Source: Saskatchewan Cancer Agency, 2017-18 Annual Report.

<sup>A</sup> The percentage of women who have a screening mammogram as a proportion of the target population.

<sup>B</sup> Only includes mammograms performed by the Agency’s screening program.

Without consistently evaluating promotional events, the Agency cannot know whether its promotional activities are effective and whether the activities are providing the greatest value in terms of educating the public about breast cancer and the screening program.

## 3.2 Strategies Developed to Engage Physicians

***We recommended that the Saskatchewan Cancer Agency develop a strategy to engage physicians in initiatives to increase awareness of its screening program for breast cancer.*** (2016 Report – Volume 1; Public Accounts

Committee has not yet considered this recommendation as of October 30, 2018)

**Status** – Implemented

The Agency developed various strategies to engage physicians in initiatives to increase awareness of its screening program for breast cancer. For example, the Agency:

- Submitted an article to the Saskatchewan Medical Association in February 2018. The article was distributed to all physicians across the province. It encouraged physicians to have their patients screened.
- Made formal or information presentations at various conferences hosted for physicians. For example, in 2017, the Agency presented on the value of screening at the Oncology Conference. In 2018, the Agency had an informational booth that presented information on screening at the Saskatchewan International Physician Practice Assessment Conference.
- Provided a presentation on the early detection programs to medical residents in Regina in April 2018.
- Sent information (e.g., who the program applies to, who gets the results of the screen) on the screening program for breast cancer to all new physicians and nurse practitioners.

The Agency has a section on its website dedicated to physicians and nurse practitioners. It includes information on its Client Navigation Program, and the process for managing results for screening and diagnostic mammograms.<sup>1</sup>

<sup>1</sup> Client navigators, who are registered nurses, advocate for the timely management of women who have had an abnormal screen. The navigator obtains authorization from the physician or nurse practitioner to co-ordinate referrals, facilitate access, and provide information and support.



### 3.3 Information Analyzed on Difficult-to-Screen Populations

***We recommended that the Saskatchewan Cancer Agency analyze information on difficult-to-screen populations for its screening program for breast cancer to assess whether sufficient strategies are in place to reach these individuals for screening.*** (2016 Report – Volume 1; Public Accounts

Committee has not yet considered this recommendation as of October 30, 2018)

**Status** – Implemented

The Agency analyzes information on difficult-to-screen populations to determine whether its strategies sufficiently reach these individuals for screening.

The Agency continues to use a mobile mammography bus to reach women in rural and remote areas (i.e., difficult-to-screen populations). For example, the mobile bus was in Hudson Bay for seven days in August 2017. The Agency sent out 470 letters, made 352 appointments available, and screened 301 women. The participation rate was 64%.

For each community the bus visited, the Agency tracks the:

- Number of days the mobile bus is at the site
- Number of first invite letters sent out
- Number of women screened
- Number of appointments available
- Participation rate

Based on the information gathered at each community, the Agency evaluates the bus routes every second year. If it finds it is not reaching women as intended, the Agency adjusts the bus routes. It has an established practice of differing the mobile bus route for odd and even years.<sup>2</sup>

Also, since our 2016 audit, the Agency undertook new strategies to educate and reach difficult-to-screen populations:

- In late 2016, the Agency implemented the Northern Health Bus initiative to gather information about community needs and ideas for programming. The bus travels to northern communities during spring, summer, and fall. Some of the services provided include promoting cancer awareness, and providing education related to breast cancer prevention and screening. In 2017, the bus travelled to 26 communities and attended events such as Treaty Days, Culture Camps, and Elders camps.

<sup>2</sup> During the even years, the bus visits 22 communities including Estevan, Carnduff, Carlyle, Moosomin, Broadview, Grenfell, Wynyard, Lanigan, Watrous, Spiritwood, St. Walburg, Onion Lake, Buffalo Narrows, La Loche, Île-à-la-Crosse, Beauval, La Ronge, Meadow Lake, Kerrobert, Kindersley, Outlook, and Davidson. During the odd years, the bus visits 16 communities including Weyburn, Assiniboia, Gravelbourg, Shaunavon, Maple Creek, Leader, Rosetown, Humboldt, Wadena, Porcupine Plain, Hudson Bay, Creighton, Pelican Narrows, Nipawin, Tisdale, and Melfort.

- In 2017, the Agency signed a memorandum of understanding with the Northern Inter-Tribal Health Authority.<sup>3</sup> Its purpose is to establish and define a collaborative and coordinated partnership for advancing capacity for cancer surveillance for First Nations communities in northern Saskatchewan, as well as pilot and evaluate the cancer surveillance system in northern Saskatchewan.

### 3.4 Additional Key Quality Indicators Needed

***We recommended that the Saskatchewan Cancer Agency broaden the use of key quality indicators relevant to Saskatchewan to regularly analyze the performance of its screening program for breast cancer.*** (2016

Report – Volume 1; Public Accounts Committee has not yet considered this recommendation as of October 30, 2018)

**Status** – Partially Implemented

***We recommended that the Saskatchewan Cancer Agency periodically report to senior management, the Board, and the public on key performance information for the screening program for breast cancer.***

(2016 Report – Volume 1; Public Accounts Committee has not yet considered this recommendation as of October 30, 2018)

**Status** – Partially Implemented

As of August 2018, the Agency broadened the use and reporting of some key quality indicators to analyze the performance of its screening program.

In 2016-17, the Agency began tracking three new key quality indicators:

- Participation by age group (e.g., 50 to 54 years)
- Wait time from abnormal mammogram to definitive diagnosis
- Proportion of clients receiving an abnormal screen result who waited within target timeframes for diagnosis

The Agency reports these quality indicators to senior management on a yearly basis.

The Agency also continued to report overall participation rates and appointment wait times for mammograms to senior management and the Board each quarter. Its Annual Report reports volume statistics (number of screening mammograms on the mobile bus, in the Regina centre, Saskatoon centre, and the satellite centres) and participation rates.

Management indicated that due to IT system limitations (e.g., old technology, reporting limited as not able to extract data), the Agency was not able to track information on all key quality indicators. It was replacing the IT system for all three of its screening programs (breast, cervical, colorectal).

<sup>3</sup> A First Nations' partnership organization that delivers nursing, public health, and primary care treatment services in 33 First Nation communities throughout northern Saskatchewan.



Once the system is replaced, the Agency plans to report on the following additional key indicators:

- Participation rate per former health region
- Participation rate per former health region and age group
- Retention rate<sup>4</sup>
- Interval cancer rate<sup>5</sup>

Management indicated that it expects to implement the new IT system over the next two to three years.

Tracking and reporting on additional key quality indicators will allow the Agency to better assess the effectiveness of its screening program.

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<sup>4</sup> The estimated percentage of women aged 50 to 67 years who returned for screening within 30 months of their previous screen.

<sup>5</sup> The number of invasive breast cancers found after a normal or benign mammography screening episode within 0 to <12 months and 12 to 24 months of the screen date.