

BreastScreen SA Clinical Audit Activity for General Practitioners

BreastScreen SA offers a free clinical audit activity for general practitioners. This activity was approved by the Royal Australian College of General Practitioners for the 2002-2004 triennium, and has been awarded 20 group 1 points for the first audit, and an extra 15 group 1 points for the second audit.

Objective of Audit

To increase GP awareness of BreastScreen SA, and to increase participation in screening mammography by women in the target age group (50-69 years).

Description of audit

The GP completes a learning-needs assessment questionnaire prior to data collection and then undertakes a prospective audit of 50 women in the target age group attending the GP for a consultation. Each woman is asked for her consent prior to the GP collecting her data for the audit. The GP then fills out a data collection form, noting whether the woman has been screened by BSSA in the 24 months prior to the date of the audit.



GPs can be very effective in encouraging women to participate in mammographic screening. Australian studies have shown that between 68%¹ and 91%² of women will attend for screening following a GP recommendation.

If the woman has not been screened within 24 months, the GP is asked to decide if she is eligible for screening and, if so, if she is overdue or has never been screened. If she is not eligible for screening, the GP is asked to note the reason on the form. The completed data collection form is returned to BSSA with the learning-needs assessment questionnaire. The BSSA medical officer collates the data, and sends the GP a report of their participation rate, and the rates for their postcode and the state. A further questionnaire is sent to the GP asking him/her to reflect on their results, assess the barriers to screening reported by their patients, and decide on the strategies they will implement to increase participation in screening in their practice. The return of this questionnaire completes steps 1-4 of the audit and 20 Group 1 CPD points will be awarded.

A second audit is available if the GP wishes to repeat the activity some months later, in order to assess the effect of their strategies in increasing participation in screening. The consent and data collection forms are the same as those used in the first audit. The BSSA medical officer provides the GP with feedback on their participation rates for both audits, and the participation rates for their postcode and the state. The questionnaire after the second audit asks the GP to reflect on the effect of their strategies, and the overall value of the audit process to the GP. Return of this questionnaire completes step 5 of the activity and a further 15 Group 1 CPD points will be awarded.

Audit results for the 2002-2004 triennium

Fourteen doctors have completed the first audit, and four have completed the second audit to December 2003.

Demographics of practices

The number of participating practices from each statistical division is listed in the brackets: **Adelaide:** South (2), West (3), East (3), North (3); **Other areas:** Eyre (1); South East (1); Murray Mallee (1). One practice has a large Aboriginal and Torres Strait Islander population, and another has a large culturally and linguistically diverse population.

Results of first audit

Participation rates have been calculated as the percentage of women in the sample of 50 patients who had attended a BreastScreen unit within the previous 24 months. Participation rates in screening mammography at the first audit varied between 58% and 90%. Two GPs (14%) had 90% participation at their first audit. Eight GPs (57%) had participation rates greater than 70% at their first audit. BreastScreen SA aims to screen at least 70% of women in the target age group.

1. Clover K, Redman S, Forbes J, Sanson-Fisher R, Callaghan T. Two sequential randomised trials of community participation to recruit women for mammographic screening. *Prev Med* 1996;25:126-34.
2. Clover K, Redman S, Forbes J, Sanson-Fisher R, Dickinson J. Promotion of attendance for mammographic screening through general practice: a randomised trial of two strategies. *Med J Aust* 1992;156:91-4.

The GPs were also asked to note the number of women not eligible for screening mammograms. In the samples of 50, the number of ineligible women varied between zero and nine (median six).

Issues identified by GPs as barriers to screening (Figures relate to the number of GPs who mentioned the issue)	
<i>GP practice issues:</i>	
Time constraints during consultations make it difficult to discuss screening issues	4
GP forgetting to remind women not having smears re screening mammograms	2
Better documentation of screening status in case notes is required	2
Cost involved in phoning or posting reminder letters to patients	1
<i>Patient issues identified by the GPs:</i>	
Patients' reluctance to screen because of pain and discomfort during mammograms	6
Patients' informed decision not to participate in screening	5
Patients' fear of the screening mammogram finding a breast cancer	3
Belief that mammograms cause cancer	2
Patient too busy to have mammograms	2
Patients' perception of low personal risk of developing breast cancer	1
Difficulty of access to clinic	1
Fear of radiation	1
Patient apathy	1
(Two GPs thought that there were no barriers to screening for their patients.)	
Strategies implemented by GPs to improve participation rates	
Opportunistic discussion of the benefits of early detection of breast cancer by screening mammography, and encouragement to participate in screening	14
Flagging files or computer records to remind doctors to discuss screening at consultations	9
Display of BSSA posters and brochures in the waiting room and use of tear-off pads with BSSA phone number at consultations	8
Use of computer recall systems to send reminder letters to reluctant screeners	6
Permanent documentation in case note summaries or computer records of screening status	5
Education of practice staff re benefits of screening mammography	3
Awareness that CALD women need extra encouragement to attend for screening	3
Encouraging patients to attend the mobile unit while in the area	2
Use of community network and local advertising to promote screening	2
Remember to remind women not having smears to have breast checks and mammograms	1
Reassurance that not all mammograms are painful	1
Articles in practice newsletter re screening mammography	1
Use computer to audit all patients in target age group to check screening status	1

Second Audit

Four GPs have completed their second audit as at December 2003. Participation rates in screening mammography at the second audit varied between 64% and 92%. One GP increased participation by 30% between her first and second audits, one increased participation by 6%, and two maintained their initially high rates. Three GPs (75%) had participation rates greater than 70% at the time of their second audit.

Discussion

All the GPs undertaking the first audit felt that the audit had been of benefit to their practice, and had met their learning needs. Most GPs commented that they found the audit easy to perform, and reported that it had increased their awareness of the need to actively promote screening to their patients. Of the GPs completing the second audit, two reported that they became more aware of breast cancer screening issues, and felt more confident in discussing screening with their patients as a result of undertaking the audit. The other two GPs reported that they were already aware of, and confident in discussing mammographic screening before undertaking the audit.

Participation rates reported in most of the audits are higher than expected, and may reflect the prospective nature of the audit. This method of audit has the disadvantage that infrequent attenders to their GP may not be audited, and it may be that infrequent attenders also participate less in screening activities.

Many of the GPs undertaking the audit have set up systems in their practices to enable them to identify mammographic screening status and to send reminders to patients when necessary. The increased awareness of mammographic screening by the GPs involved in the audit, and the other doctors and staff in their practices, and the permanent changes implemented by many of them, should have long-term benefits in increasing participation in mammographic screening in these areas. For more information, contact BSSA's Medical Officers on phone **8274 7150** or fax **8357 8146**.