

## 2017 Quality Management Partnership Mammography Quality Management Program Webcast Qs&AS

### Report sharing and data sharing

#### 1. Who can I share my Mammography Quality Management Program (QMP) report with?

You are encouraged to share your QMP report with colleagues at your facility (e.g. at quality committee meetings) to review and discuss the findings and identify opportunities for quality improvement. Reports may also be shared with colleagues and/or mentors outside of your facility for the purpose of quality improvement (e.g. a facility lead may choose to share their QMP facility report with other facility leads).

#### 2. Will Mammography QMP reports be shared publicly?

QMP reports are not being released publicly at this time. The Quality Management Partnership (the Partnership) is committed to public reporting in the future and is working with members of the public and system leaders to develop a plan for public reporting. Our Citizens' Advisory Committee is actively engaged in identifying what's meaningful to report to the public, and will continue to co-develop the content and design of publicly reported information to ensure it is tailored to the public's needs.

#### 3. Will the College of Physicians and Surgeons of Ontario (CPSO) see my facility's data?

CCO will collect data on behalf of the Partnership. CCO will not disclose to the CPSO any identifiable QMP facility or QMP physician reports. The CPSO will only be able to access the QMP reports and data directly from physicians through existing CPSO inspection and assessment processes. Examples of these processes include Independent Health Facility inspection/assessments and peer assessments.

Quality reporting and monitoring may highlight occasions where quality standards are not being met such that there is a potential threat to public safety. The Partnership is developing a process to identify and act on these cases in a timely and responsible way. In such instances, identifiable facility-level and provider-level data is to be shared with the CPSO through the Partnership's clinical leadership structure. This process will address concerns requiring immediate improvements to protect patients.

#### 4. Will individual radiologist outcomes be sent to facilities?

The Mammography QMP is not providing physician-level reports in 2017. Individual radiologist outcome reports continue to be released by the OBSP according to their policies and procedures. The Mammography QMP report aggregates OBSP screening outcome data from the radiologists who read at a facility. The Mammography QMP releases screening outcomes if the facility has three or more radiologists. If there are fewer than three radiologists, the OBSP screening outcomes are suppressed to ensure confidentiality. Facilities can email us at [info@qmpontario.ca](mailto:info@qmpontario.ca) to request unsuppressed data. There are specific rules guiding the sharing of that data, which we can explain when you contact us.



**5. At facilities with more than three radiologists, will the facility lead and the individual radiologist receive the Mammography QMP report?**

All facility reports are shared only with the facility lead, administrative contacts (hospitals only) and executive contacts. These people are encouraged to share the report with colleagues for quality improvement purposes. For facilities with fewer than three radiologists, OBSP screening outcomes data will be suppressed. Facilities can email us at [info@qmpontario.ca](mailto:info@qmpontario.ca) to request unsuppressed data. There are specific rules guiding the sharing of that data, which we can explain when you contact us.

**6. Can you clarify how the CPSO can access facility reports through the Independent Health Facility program?**

The CPSO will only be able to access the QMP reports and data directly from physicians through existing CPSO processes. Examples of these processes include Independent Health Facility inspection/assessments and peer assessments.

**OBSP and QMP alignment**

**7. When will the Mammography QMP release radiologist-level reports, and what will happen with Ontario Breast Screening Program (OBSP) radiologist outcome reports?**

The Mammography QMP will not be releasing radiologist-level reports in 2017/18. The OBSP will release radiologist outcomes reports as usual in early 2018. In the future, we will collaborate with the OBSP to align report timelines between the OBSP and the QMP and will look to reduce duplication by combining the reports.

**8. When will all facilities providing mammography in Ontario become part of the OBSP?**

CCO is working with the Ministry of Health and Long-Term Care, regional partners and facilities to bring all facilities into the OBSP; it is expected this process will be completed within the next two years.

**9. Will OBSP screening and non-OBSP screening data be separated in Mammography QMP reports?**

At this point, the Mammography QMP report screening outcomes and the wait time performance metrics include only data from within the OBSP. We do not yet have data collected outside of the OBSP, but that is a gap that we will look to close as we move forward. We will work with end users to obtain their input on how best to display that data in our reports.

**10. How does the Mammography QMP plan to collect non-OBSP data? Is it going to mandate databases at each facility?**

The Mammography QMP is currently analyzing how to best collect non-OBSP data, understanding that it is a large undertaking and represents a high volume of mammography activity. We will update you on our strategy as it is determined.

**11. How does the Mammography QMP access the OBSP data? Will these reports be merged in the future?**

The analytics team at CCO currently uses OBSP data submitted through the Integrated Client Management System for the screening outcomes and wait times indicators included in the Mammography QMP report. Data pertaining to the QMP recommendations come from both OBSP and



non-OBSP facilities (i.e. any centre performing mammography in Ontario); we obtain this information from various sources, including surveys and direct follow-up with facilities.

**12. Is there a mechanism to ensure the data processed by the Mammography QMP is compared to OBSP data to see if it matches?**

QMP reports and OBSP reports rely on many of the same data, which are contained in databases at CCO. The reports aggregate these data in different ways, but the source data are the same.

### Report methodology

**13. Why are all the OBSP screening outcomes from one year?**

All the OBSP screening outcomes, except for post-screen invasive cancer detection rate, are reported for screen year 2014 in order to allow facilities to consider the indicators together. Similarly, wait times are reported for July 2015 to June 2016 in order to allow facilities to consider these indicators as a group.

**14. Why can't I get my invasive cancer detection rate faster?**

Data lags are inherent for all the mammography indicator data as it takes time for facilities to enter the required data. The data lag for the invasive cancer detection rate is the longest of all the reported indicators because cancers must be diagnosed and staged before the indicator can be calculated. The Partnership is looking at ways to improve the timeliness of reporting in the future.

**15. I am concerned about the reliability/relevance of three-year-old data (i.e. 2014 data presented in 2017) when trying to implement change at the facility level. How do you suggest we present/address this data within our facility?**

We understand your concerns. The data year used for the indicators is based on specific indicator definitions, data availability and utility for performance management. Although it is possible to obtain some data (e.g., abnormal calls) relatively quickly, any data that are dependent on cancer staging (e.g., invasive cancer detection rate, tumour size) require more time. The detailed methodology for the indicators (available at <https://qmponario.ca/common/pages/UserFile.aspx?fileId=377585>) provides more information on the reasons for data lag for each indicator. The Partnership is looking at ways to mitigate the data timeliness issue in the future.

**16. Why is the target for negative nodes greater than 70 per cent?**

The targets were developed by a national group and are based on evidence and international consensus. Negative nodes mean that a cancer has not metastasized. It is clinically important to find cancers early, when they are small and localized.

**17. If our data were suppressed because our volumes were low, we can now request unsuppressed data, but are the unsuppressed data accurate?**

The data are accurate but statistically they are not very reliable. It can be challenging to make recommendations based on low-volume data. Nevertheless, facilities can use these data to identify areas for improvement.

### Report recommendations

**18. Why does the Mammography QMP recommend that mammography be digital?**



Clinically, digital and film screen mammography are both acceptable. However, film screen is rapidly becoming obsolete. In addition, digital mammography has significant advantages over film screen mammography, including:

- Quicker image acquisition and archiving
- Better image portability
- Improved integration with other imaging modalities (ultrasound and MRI) and
- Elimination of hazardous chemicals used in developing films

**19. Why does the Mammography QMP recommend that facilities be Canadian Association of Radiologists-Mammography Accreditation Program (CAR-MAP) accredited?**

CAR-MAP ensures that minimum standards are met. The accreditation process verifies that radiologists and Medical Radiation Technologists (MRTs) have the training, education and experience to perform mammography, that the equipment has been inspected by qualified medical physicists, and that images produced by the equipment are clinically satisfactory for interpretation.

**20. Why does the Mammography QMP recommend that facilities participate in the OBSP?**

Organized screening provides benefits to women such as invitations to participate in screening, notification of test results and reminders when it is time for their next screening test. The OBSP requires all participating facilities to adhere to quality assurance standards such as regular physics inspections, CAR-MAP accreditation and MRT image review.

**Future direction for reports**

**21. How will Mammography QMP reports evolve over time?**

The Mammography QMP will improve reporting over time, for example, by expanding reporting to include diagnostic mammography and screening for women who are not eligible for the OBSP.

**22. There is currently no way to document a situation when a patient voluntarily delays an abnormal follow-up procedure, because of a vacation, for example. However, the numbers can be so small that even one voluntary delay can dramatically affect wait time performance. Does the Mammography QMP have plans to address this by including, for example, a “date affecting readiness to treat” (DART) field, like CCO’s wait time data has?**

There are currently no plans to include a field that can be used for this purpose. There are a number of factors that can affect a facility’s ability to meet wait time targets – not just patient factors, but also radiologist factors or institutional factors, to name a few. Wait time data included in QMP reports provide facilities with an opportunity to look at the local context and have a conversation about the reasons why wait time targets may be difficult to achieve.

**23. Indicators like tumour size and negative nodes can have very small numerators. Have you considered suppressing these numbers or flagging that they can be difficult to interpret?**

Last year the Mammography QMP suppressed any cell count under five because of potential patient privacy concerns. CCO’s Privacy and Legal team have since re-examined this position based on new guidance from the Information and Privacy Commissioner of Ontario and concluded that patients cannot be identified based on these small cell counts in the numerator and that suppression was no longer necessary. Therefore, the Mammography QMP released as many data as possible in the 2017



reports, including indicators that had small cell counts. Messaging about the difficulty of interpreting indicators with small cell counts will be included in the future.

**24. Will you disclose the type of cancer most commonly missed?**

This is not one of the indicators covered in the Mammography QMP report as we do not have access to this information, but there is a lot to learn from missed cancers. It's important to know our weak points and work on improving them. At this point, it's not one of the screening indicators, but it might be considered in the future as a diagnostic indicator. Radiologists who read mammography in the OBSP receive information on their post-screen cancers through the radiologist outcomes report, which can be reviewed to determine which cancers are being missed.

**25. Could the Mammography QMP provide materials that facilities could use in presentations to facility leadership? For example, it would be helpful to have the methodology tables in slide format.**

The Mammography QMP will consider providing additional materials for future report releases.

**Report follow-up actions**

**26. What will happen if I don't meet a recommendation?**

Not everyone will be at the same level; we encourage you to start developing a plan to meet the standard. Eventually, we will expect everyone will be meeting the recommendations but there is no specific date for that requirement yet.

**27. Where an individual radiologist has a lower performance level than colleagues in a facility, will you provide the type of cancer most commonly missed by this radiologist to further guide training or corrective measures?**

The Mammography QMP does not yet provide radiologist-level reporting. However, we do not expect everyone to be at the same level. We encourage you to work toward meeting the quality target, but we have no deadlines to meet these targets. If individual performance issues are noted, we encourage radiologists to follow their facility's processes to support and improve the performance of that radiologist. Radiologists are also welcome to engage their regional breast imaging lead if needed to identify appropriate training opportunities.

The Quality Management Partnership is committed to providing support for quality improvement; one of our major priorities is to provide an image library where we can work on improving certain indicators. For example, if a radiologist is missing certain types of cancers, he or she will be able to access our image library to improve cancer detection.