



Australian Government

# NATIONAL CANCER SCREENING REGISTER COLPOSCOPY REPORTING

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## Background

The Cervical Quality Improvement Program (C-QulP) was established by RANZCOG to ensure quality assurance for colposcopy within the National Cervical Screening Program (NCSP). C-QulP collected data on colposcopies, developed performance standards and managed accreditation requirements. However, colposcopists were not provided with individual reports based on these standards and reporting was voluntary. The renewed NCSP presented an opportunity to introduce improvements in colposcopy reporting and quality monitoring at an individual level by comparing to national standards.

From 1 December 2017, the National Cancer Screening Register (NCSR) legislation required mandatory reporting of colposcopies to the NCSR. While the data entry methods and processes are being finalised, the Commonwealth Department of Health has requested all colposcopy data to be submitted on the Colposcopy and Treatment Form. The form has been updated with additional fields for the colposcopists to fill out and submit to the NCSR within 14 days of the procedure.

The NCSR receives paper Colposcopy and Treatment forms by fax or mail. These forms are then processed and scanned by the NCSR mailhouse by Optical Character Recognition (OCR) and matched to a participant record. Electronic options for receiving and processing forms are scheduled for 2020.

## Colposcopy recording and reporting data

Medical Services Advisory Committee (MSAC) predicted the colposcopy volumes to increase to about 120,000 colposcopies per year in the first round of the renewed program.

As of 31st December 2018 (13 months into renewal), a total of 66,539 forms had been processed by the NCSR mailhouse using OCR technology. In the same reporting period, an additional 62,323 Medicare Benefit Schedule (MBS) claims for colposcopy were received by NCSR. This gave a total of 128,862 colposcopies for the reporting period 1st December 2017 and 31st December 2018.

The colposcopy form data and MBS claims for the first six months of the renewed program were aggregated and individual NCSR Colposcopy Quality Assurance Reports prepared. These were sent to respective colposcopists in June 2019. Colposcopists were benchmarked against the national average. Initial reports contained the number of colposcopy forms received, number of MBS claims for colposcopy, data on two diagnostic standards and data completeness.

66,539

Total colposcopy forms processed by the NCSR mailhouse



62,323

Total MBS for colposcopy without a matched colposcopy form received by the NCSR



128,862

Total colposcopies for the reporting period 1st December 2017 and 31st December 2018

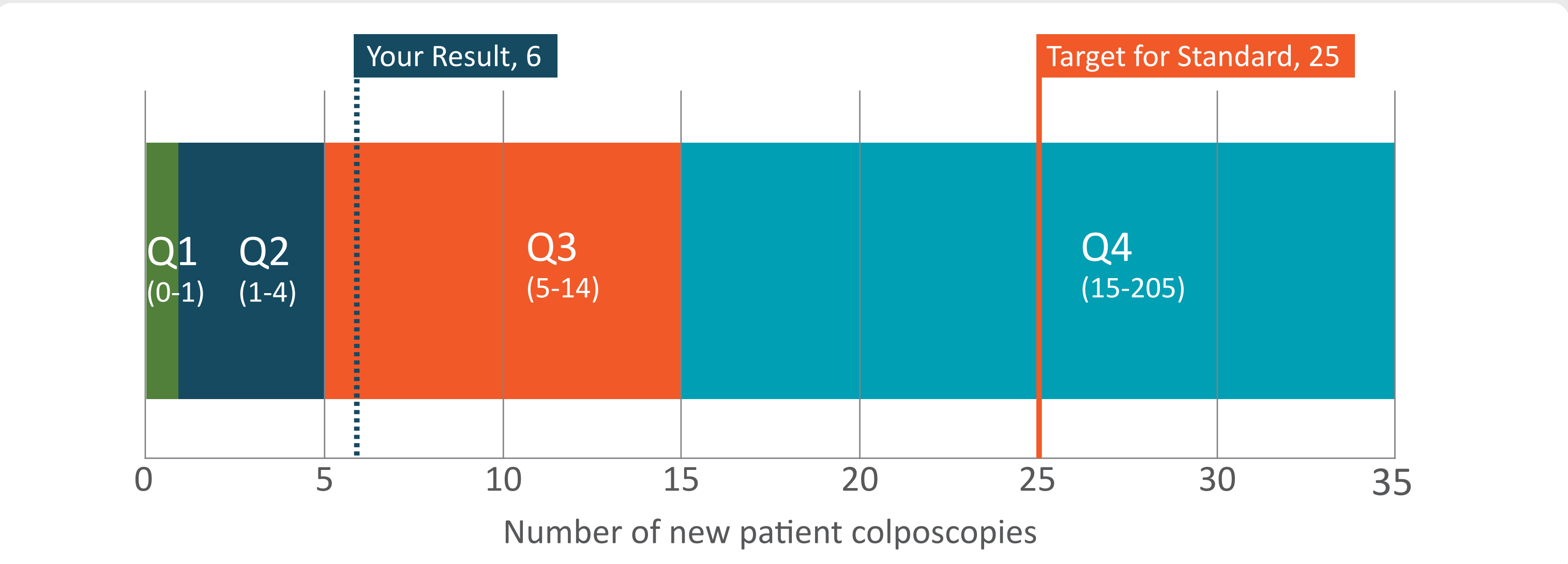
## Notification of colposcopies Sample Report

Period of extraction: 1 December 2017 – 30 June 2018

Colposcopy forms received by the NCSR and MBS claims	
Number of forms received by the NCSR from you	14
Number of forms with matching MBS claims	14
MBS claims with no matching form	26
Total MBS claims for colposcopy	40

## Diagnostic Standard 1 Sample Report

Colposcopists undertake a sufficient number of new patient colposcopies per year to maintain and improve skills in colposcopy practice



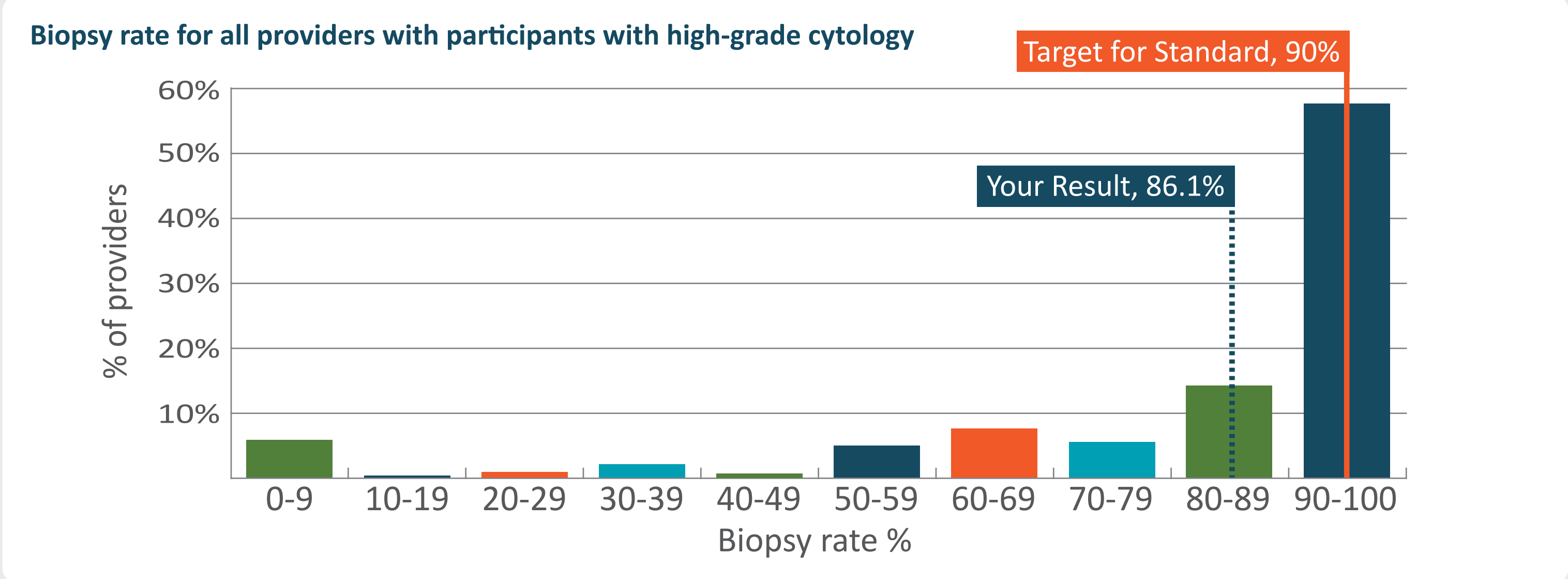
## Diagnostic Standard 2 Sample Report

Period of extraction: 1 December 2017 – 30 June 2018

Proportion of punch or excisional biopsy in your patients with a colposcopy impression of HSIL	
For your patients with a cytology result of pHSIL/HSIL, the number of punch or excisional biopsy performed	31
The number of your patients with a cytology result of pHSIL/HSIL	36
Percentage of your patients with a cytology result of pHSIL/HSIL who had a punch or excisional biopsy performed	86.1%

## Diagnostic Standard 2 Sample Report

The performance of a biopsy (punch or excision) in more than 90% of participants with high-grade cytological abnormalities (excluding pregnant participants)



## Data issues

A number of data issues have been highlighted by colposcopists since they received their individual NCSR Colposcopy Quality Assurance reports. The most common feedback is that colposcopy numbers in the reports appear to be under-represented and missing colposcopies that were submitted to the NCSR through colposcopy forms. While it was expected that there would be a small proportion of data quality issues pertaining to paper form processing, the issues appear to be greater than anticipated.

There are several possible reasons why colposcopy notification forms may be missing from individual healthcare provider reports. These include:

- Colposcopy forms have been processed by the mailhouse using OCR but are not able to be matched to a participant automatically due to missing identifiers and are in a manual queue to process. In addition, some information on the forms may not be captured by OCR and has to be entered manually.
- Some handwriting styles require the forms to be manually processed due to the OCR's inability to automatically detect the necessary information, which increases the processing time for the colposcopy data. To ensure data integrity, the NCSR operates with a high automatic matching threshold, resulting in a backlog of data for processing.

Improving data quality is a high priority for the NCSR and these data issues have been prioritised for resolution before the next reports are sent.

## Summary and next steps

At least 120,000 colposcopies were performed in the first 13 months of renewal. It is difficult to estimate the completeness of reporting as there is no clear denominator – a proportion of colposcopies are performed in the public system therefore MBS claims do not represent the complete picture.

Despite unanticipated data quality issues, individual healthcare provider reports are an important first step for colposcopy quality assurance in Australia.

The NCSR will send the complete reports for 2018, in the first quarter of 2020, when data quality issues have been resolved.

Accreditation with C-QulP is not impacted by the data quality issues.

Electronic reporting using a Healthcare Provider Portal or via integration with practice management software is scheduled for 2020.

Future reports will include additional colposcopy standards (diagnostic and therapeutic) according to relevant time intervals and will be accessible via the NCSR Healthcare Provider Portal to be delivered in March 2020.

As data quality issues are progressively resolved, the individual quality reports will provide colposcopists with a benchmark for performance against their peers.