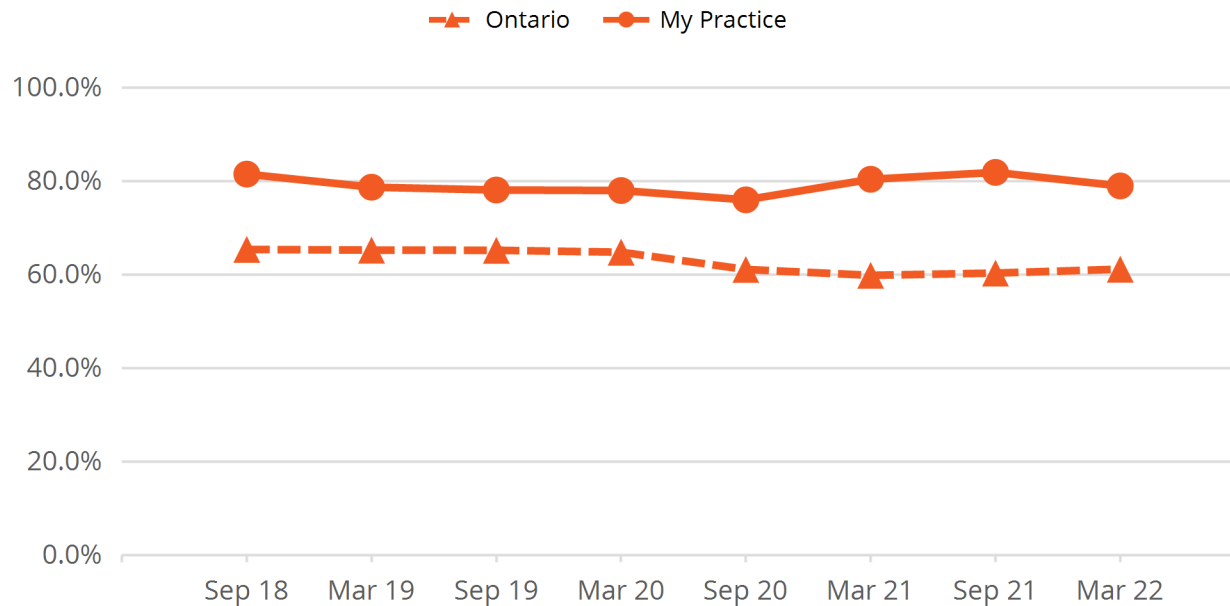


What percentage of my eligible patients aged 52-74 are up-to-date with any colorectal screening?

- As of March 31, 2022, 79.0% of my patients were up-to-date with colorectal screening. My group and LHIN percentages are 62.2% and 64.7%, respectively.
- My practice is **higher than** the provincial percentage of 61.2%.



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; †† Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

Beginning with the September 2019 data cycle, the CRC screening indicator has been updated, including the addition of FIT. Please see the Technical Appendix for details.

A small proportion of FOBTs performed as diagnostic tests could not be excluded from the analysis.

Number of my eligible patients not screened

60

Evidence for screening continues to evolve. We will continue to monitor screening guidelines and modify the indicator, as appropriate (9).

Tests performed in hospital laboratories or paid through alternative payment plans are not captured.

How can I improve my CRC screening? (page 18)

Identify your patients requiring follow up for cancer screening, through Ontario Health's screening activity report (SAR)

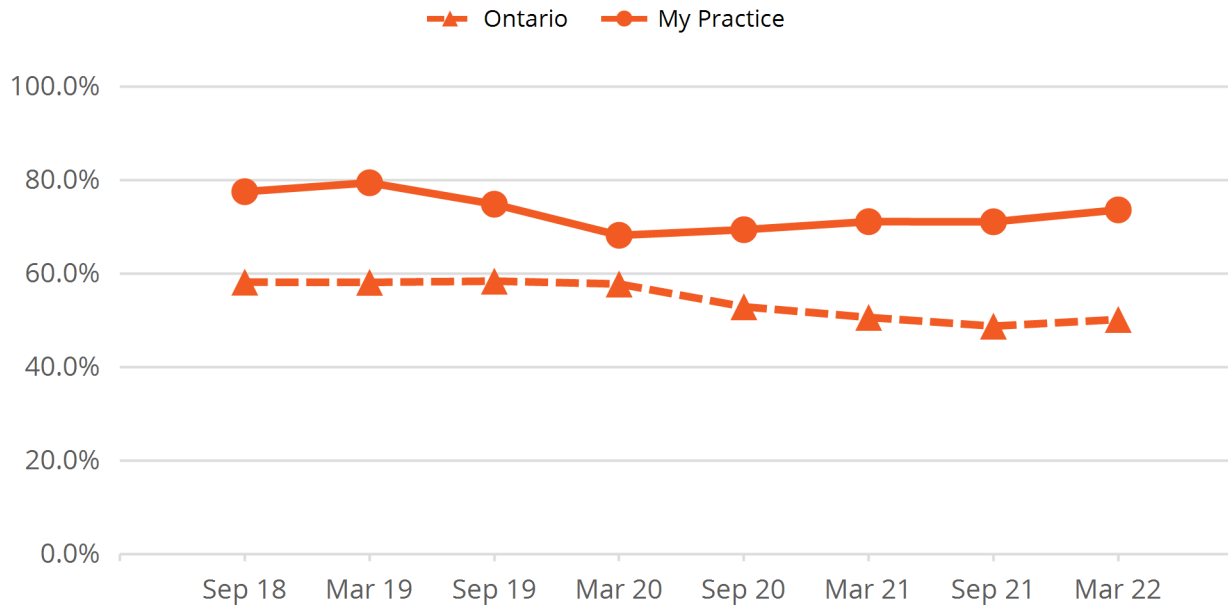
[SAR Report Portal](#)

Pap Smear Screening

Data as of March 31, 2022

What percentage of my eligible patients aged 23-69 are up-to-date with Pap smear screening within the past three years?

- As of March 31, 2022, 73.7% of my patients had an up-to-date Pap smear test. My group and LHIN percentages are 54.8% and 51.9%, respectively.
- My practice is **higher than** the provincial percentage of 50.3%.



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; †† Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

Patients who have had cervical cancer, endometrial or ovarian cancer, and patients who have had a hysterectomy are excluded.

Number of my eligible patients not screened within the past three years

125

Evidence for cancer screening continues to evolve. We will continue to monitor screening guidelines and modify the indicator, as appropriate (10).

Tests performed in hospital laboratories or paid through alternative payment plans are not captured.

How can my I improve my Pap smear screening? (page 18)

Identify your patients requiring follow up for cancer screening, through Ontario Health's screening activity report (SAR)

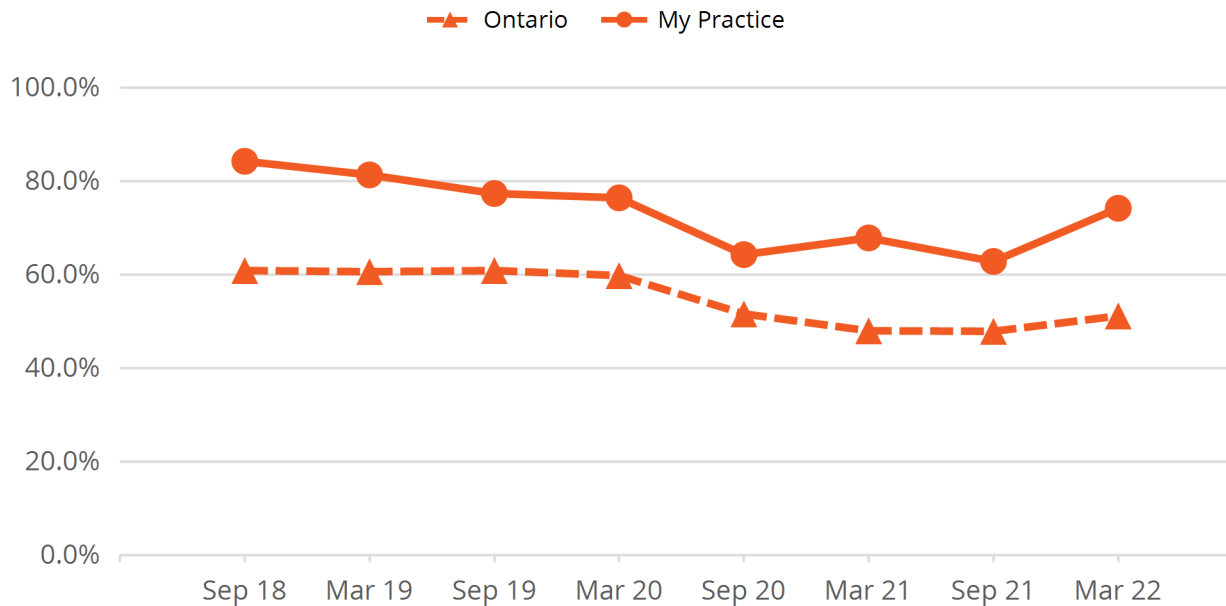
[SAR Report Portal](#)

Mammogram Screening

Data as of March 31, 2022

What percentage of my eligible patients aged 52-69 are up-to-date with mammogram screening within the past two years?

- As of March 31, 2022, 74.3% of my patients had an up-to-date mammogram. My group and LHIN percentages are 49.2% and 52.0%, respectively.
- My practice is **higher than** the provincial percentage of 51.2%.



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; †† Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

Patients with a history of breast cancer are excluded.

Number of my eligible patients not screened within the past two years

43

We recognize that the current recommendation is to have an active discussion with women about the benefits and limitations of breast screening (11-13). Some women who are eligible to be screened choose not to. Thus, the data need to be interpreted in that context.

How can I improve my mammogram screening? (page 18)

Identify your patients requiring follow up for cancer screening through Ontario Health's screening activity report (SAR)

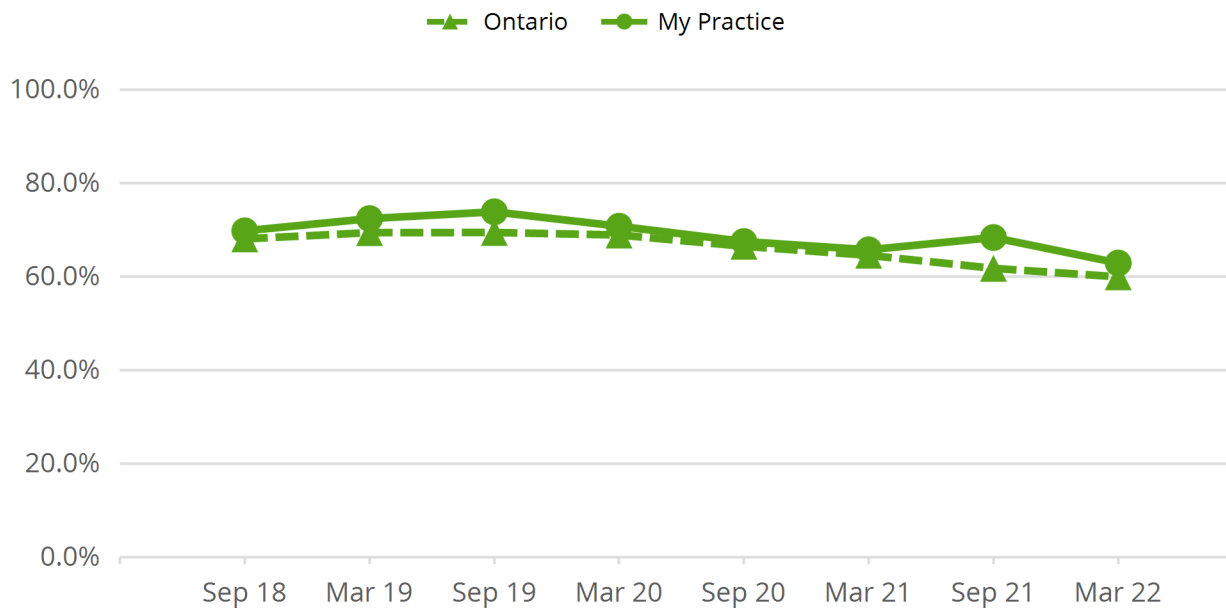
[SAR Report Portal](#)

Retinal Exam Testing to Prevent Complications from Diabetic Retinopathy

Data as of March 31, 2022

What percentage of my patients with diabetes are up-to-date with retinal testing with an ophthalmologist or optometrist within the past 24 months?

- As of March 31, 2022, 63.0% of my patients with diabetes had an up-to-date retinal exam. My group and LHIN percentages are 55.2% and 58.6%, respectively.
- My practice is **higher than** the provincial percentage of 60.0%.



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; †† Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

This indicator does not differentiate between type I and type II diabetes but does exclude gestational diabetes.

Number of my patients with diabetes not tested within the past 24 months

30

Ontario Health will continue to monitor testing guidelines and adjust the indicator, as appropriate (15).

Tests performed in hospital laboratories or paid through alternative payment plans are not captured.

How can my I improve my retinal exam rate? (page 23)

Statins Dispensed to Prevent Vascular Complications from Diabetes

Data as of March 31, 2022

What percentage of my patients with diabetes aged 66 and older have been dispensed a statin within the past 12 months?

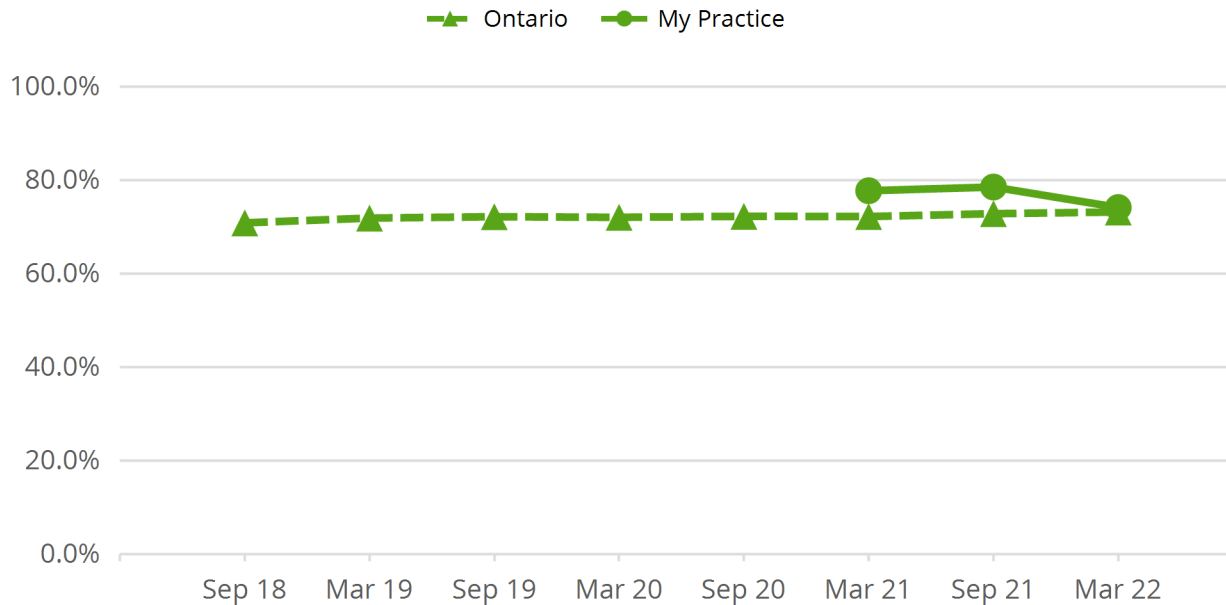
- As of March 31, 2022, 74.2% of my patients with diabetes were dispensed a statin. My group and LHIN percentages are 73.9% and 75.7%, respectively.
- My practice is **higher than** the provincial percentage of 73.2%.

Number of my patients with diabetes who were not dispensed a statin within the past 12 months

8

Statin prescriptions may be more appropriate for some patients than others depending on baseline level of risk, co-morbid conditions, patient preferences and life expectancy (16,17).

How can my I improve my statin dispensing rate? (page 23)



† Data suppressed where counts are between 1 and 5; additional suppression may be applied where counts are greater than 5 to prevent residual disclosure of suppressed values; N/A: Data not available; †† Please interpret with caution, denominator ≤ 30. For more details, refer to the Methods section on page 28.

This indicator does not differentiate between type I and type II diabetes. Data are not available for patients with diabetes below the age of 65 as they are not included in the ODB program. Prescriptions purchased outside of the ODB program are not included.