FOR RADIOLOGISTS & SUPPORT STAFF

NATIONAL CANCER SCREENING REGISTER QUICK START GUIDE

Supporting your patients in the National Lung Cancer Screening Program

The National Cancer Screening Register (NCSR) supports Australia's lung, bowel and cervical cancer screening programs by:

- Maintaining a digital record for each participant,
- Sending invitations and reminders, and
- Following up with individuals who have abnormal results.

Timely and accurate clinical information helps ensure patients are placed on the correct screening pathway and receive appropriate follow-up.

IN THIS GUIDE

- Accessing the NCSR
 Healthcare Provider Portal
- Delegating access for support staff
- Submitting radiology reports to the NCSR |
- Minimum reporting requirements

ACCESSING THE NCSR HEALTHCARE PROVIDER PORTAL

The NCSR Healthcare Provider Portal enables radiologists (and delegates) to securely access and submit patient screening information (such as previous scan reports, excluding images) for the National Lung Cancer Screening Program.



- Walkthrough video guides
- Detailed user guide
- Quick Start Guide

2 DELEGATING ACCESS FOR SUPPORT STAFF

Support staff can be given delegate access to the Healthcare Provider Portal by a registered user with a Medicare Provider Number.

- Practice staff requesting delegate access must first create a PRODA account, navigate to the NCSR Healthcare Provider Portal and submit their delegate access request
- The delegating provider (i.e. radiologist) can then log into the Portal within PRODA and select My Profile
- Next, select Manage Delegation to view existing delegates and new requests
- Requests for access will have a status of Pending, click Accept to approve requests
- MCSR.gov.au/register-access
- Walkthrough video guide







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SUBMITTING RADIOLOGY REPORTS TO THE NCSR

In addition to sending to results to the requesting provider (as per usual process), radiologists will be required to send a copy of the final structured screening report to the NCSR via integrated software or the Healthcare Provider Portal.

This mandatory report must be submitted as soon as possible, as it plays a critical role in determining the next steps in a participant's screening journey, such as when to rescreen or whether they should exit the program.

Radiology reports can be submitted via:

- 1 Integrated Radiology Information System (RIS) or Picture Archiving and **Communication System (PACS)**
- 2 The <u>Healthcare Provider Portal</u>

A six-month transition period allows practices not yet integrated with the NCSR to submit reports manually until 31 December 2025.

Reports can be faxed to: 1800 154 854, 03 9970 6424

or

Posted to: National Lung Cancer Screening Program, Reply Paid 94632 SUNSHINE VIC 3020.



Radiology software integration

The most efficient way to submit radiology reports is via HL7 using integrated Radiology Information System.

The Radiology Implementation Guide (RIG) outlines how to complete this integration.



For assistance or to request a copy of the RIG, contact the NCSR via the below channels.



MCSR.gov.au



1800 627 701



Book a call back from our technical support team: NCSR.gov.au/support







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4 MINIMUM REPORTING REQUIREMENTS

When providing <u>structured radiology reports</u> for the National Lung Cancer Screening Program to the NCSR manually, a minimum dataset of 25 mandatory fields (as listed below) must be provided.

Please note, this includes **both participant and requesting provider details** which are required to ensure accurate record matching.

CATEGORY MANDATORY FIELDS

Participant details 1. Participant family name

2. Participant ID (i.e. Medicare/DVA number)

3. Sex

4. DOB

5. Address

Radiology provider 6. Practice ID (HPI-O)

7. Practice Name

8. Practice Address

9. Radiologist Provider ID (HPI-I)

Requesting provider 10. Practice Name

11. Practice Address

12. Requesting provider Provider ID (provider number)

Clinical – overall 13. Date of scan

14. Date of scan report

15. Results Status Indicator

16. Date of referral

17. Episode number

18. MBS item

19. CTDlvol (mGy)

20. Scan image quality

<u>Clinical – nodule summary</u> 21. Pulmonary Nodules for Follow-Up

22. Likely infection or inflammation

23. Nodules Considered Benign

Clinical – additional findings 24. Actionable additional findings (A-modifier)

Clinical recommendations 25. Screening category and management





