

BreastScreen Australia Evaluation Plan

Endorsed by AHMAC March 2007

Table of Contents

Table of Contents.....	2
BreastScreen Australia Evaluation Plan	3
Background to the Evaluation.....	3
Evaluation Objectives	4
Evaluation Projects	4
Evaluation Timeframe	5
Evaluation Plan	5
BreastScreen Australia Evaluation Advisory Committee.....	6
Outlines of BreastScreen Australia Evaluation Projects.....	7
Phase 1 Projects	7
1 Mortality Study (1): Methodology.....	7
2 Mortality Study (2): Analysis	8
3 Participation and Performance Trends Project	9
4 Review of BreastScreen Australia Infrastructure and Capacity	10
5 Policy Analysis Project.....	11
Phase 2 Projects	12
6 Review of BreastScreen Australia Accreditation System.....	12
7 Participation Qualitative Study	13
8 Economic Evaluation	14
9 Program Governance and Management.....	15
Synthesis and Reports	16
Appendix A: Evaluation Projects and Questions.....	17
Appendix B: AHMAC-endorsed Terms of Reference.....	20
Appendix C: Aims and Objectives of BreastScreen Australia	23

BreastScreen Australia Evaluation Plan

Background to the Evaluation

BreastScreen Australia was established in 1991. The Australian Health Ministers' Advisory Council (AHMAC) agreed, in October 2005, to a comprehensive evaluation of BreastScreen Australia to be overseen by a committee of Australian and international experts.

The Program has been fully operational for over ten years with several cohorts of women participating in screening at two-yearly intervals so that the Program's health outcomes can now be measured effectively. An evaluation at this point of time will allow for the Program's impact to be measured and future directions determined.

In June 2006, AHMAC endorsed the objectives and terms of reference for the evaluation, and the structure of the evaluation advisory committee. AHMAC also noted that the evaluation is expected to be conducted over two years, from July 2006 to June 2008. Subsequently, the BreastScreen Australia Evaluation Advisory Committee (EAC) has been established with Australian and international experts, and jurisdictional and consumer representatives as members.

The evaluation will address the policy and Program aspects of the national mammographic screening initiative, and assess the Program's impact, effectiveness and efficiency. It will identify opportunities for overall improvement of the Program.

The evaluation will examine both the benefits of the Program in terms of reduction in breast cancer death rates and the risks associated with screening. It will consider the appropriate target age range, screening interval, issues impacting on the Program's capacity such as workforce issues, Program trends/performance to date and its cost-effectiveness.

In addition, the evaluation will address the extent to which the Program's original objectives are being met, projected demand for the Program, barriers to participation, Program governance and management arrangements and quality improvement mechanisms. It will also address ongoing policy issues such as screening women with symptoms/family history, impact of mammography outside the Program and the Program's capacity to incorporate new technologies. The final report will take into account the Medical Services Advisory Committee (MSAC) review of digital mammography for breast cancer screening.

The evaluation will consist of a number of individual projects addressing the above issues. Consultants will be engaged to undertake these projects. The outcomes of Phase 1 and Phase 2 projects will be synthesised into separate reports, and the final report will consolidate the outcomes of the all the projects and comprehensively address the terms of reference set out by AHMAC for the evaluation.

Evaluation Objectives

The Australian Health Ministers' Advisory Council (AHMAC) endorsed the following objectives for the evaluation:

- assess the outcomes delivered by the Program;
- assess the extent to which the Program has achieved its aims and objectives;
- assess the appropriateness, efficiency and effectiveness of the Program;
- assess, and address the ongoing and unresolved issues impacting on the Program; and
- identify opportunities to improve the Program overall.

To achieve its objectives, the evaluation will consist of a range of evaluation projects aimed at assessing:

- health outcomes – the benefits and risks of the Program;
- process outcomes – efficiency of the implementation of the Program; and
- economic outcomes in relation to the cost-utility, cost-benefit and cost-effectiveness of the Program.

Evaluation Projects

The evaluation will comprise of two phases. Phase 1 projects include:

- a mortality study (part 1) to identify suitable methodologies to assess the impact of mammographic screening on breast cancer mortality;
- a mortality study (part 2) to assess the impact of the Program on breast cancer mortality;
- an analysis of participation and performance trends using existing BreastScreen Australia monitoring data;
- a review of the Program's capacity including infrastructure and workforce issues; and
- a policy analysis project to analyse the target age range, screening interval and screening of women considered to be at a higher risk of breast cancer.

Phase 2 projects will include:

- a review of the accreditation system;
- a qualitative study to assess issues relating to participation, access and equity and morbidity;
- an economic evaluation; and
- a review of Program governance and management arrangements including the funding and reporting arrangements.

BreastScreen Australia Evaluation Projects

Phase 1: July 2006 – December 2007	
1	Mortality Study (1): Methodology
2	Mortality Study (2): Analysis
3	Participation and Performance Trends Project
4	Review of BreastScreen Australia Infrastructure and Capacity
5	Policy Analysis Project
Phase 2: July 2007 – May 2008	
6	Review of BreastScreen Australia Accreditation System
7	Participation Qualitative Study
8	Economic Evaluation
9	Program Governance and Management
Final Report	
	Final report and recommendations to AHMAC via the APHDPC

The outcomes of Phase 1 and Phase 2 projects will be synthesised into separate reports. A final report will analyse the findings and recommendations of each individual project in the context of the overall evaluation and address the terms of reference agreed to by AHMAC. The final report will assess the extent to which the Program has met its aim of achieving significant reductions in mortality attributable to breast cancer. It will also assess the appropriateness of the Program's objectives, and make recommendations for consideration by AHMAC.

Evaluation Timeframe

The timeframe for the entire evaluation will be dictated by the duration of three inter-linked projects that need to be completed in sequence - (a) a mortality study project (part 1) that identifies suitable methodologies for determining the impact of mammographic screening on breast cancer mortality, (b) a mortality study (part 2) to create and analyse relevant datasets to determine the impact of BreastScreen Australia on breast cancer mortality in Australia, and (c) an economic evaluation, which will be informed by results of the mortality study.

Evaluation Plan

In June 2006, AHMAC noted the terms of reference including the objectives and key questions for the evaluation. These terms of reference were based on the 1999 BreastScreen Australia Evaluation Plan – Phase II, which had jurisdictional agreement. The terms of reference also had the broad endorsement by a number of high level committees/working groups associated with BreastScreen Australia, in particular, with its policy and monitoring.

The Department of Health and Ageing developed an evaluation plan using the terms of reference and evaluation questions endorsed by AHMAC. The evaluation plan includes outlines of individual evaluation projects, and addresses specific evaluation questions. On 6 February 2007, the Australian Population Health Development Principal Committee (APHDPC) noted the draft evaluation plan. The plan was finalised by the Evaluation Advisory Committee (EAC) at its first meeting on 8-9 February 2007 and endorsed by AHMAC on 1 March 2007 on recommendation by the APHDPC Executive.

BreastScreen Australia Evaluation Advisory Committee

Timeframe: Phase 1 and Phase 2
Expected outcome: The BreastScreen Australia evaluation overseen by a high-profile, independent committee of Australian and international experts

The inaugural meeting of the EAC was held on 8-9 February 2007 in Sydney. The EAC will submit Phase 1 and Phase 2 reports and recommendations to the Australian Health Ministers Advisory Council (AHMAC), through the Australian Population Health Development Principal Committee (APHDPC). The EAC will interact with APHDPC's Screening Subcommittee as required.

The membership of the EAC is as follows:

- Dr Helen Zorbas, Director, National Breast Cancer Centre (Chair).
- Dr Frida Cheok,* Senior Project Manager TRACsa: Trauma and Injury Recovery.
- Professor David Currow, Chief Executive Officer, Cancer Australia.
- Professor Dallas English, Director, Molecular, Environmental, Genetic and Analytical Epidemiology, School of Population Health, University of Melbourne.
- Associate Professor Harry de Koning, Epidemiologist, Erasmus Medical Centre, The Netherlands.
- Ms Valerie Lang, Consumer Representative.
- Mr David Learmonth, Deputy Secretary, Department of Health and Ageing.
- Ms Jennifer Muller, Director, Cancer Screening Services Unit, Queensland Health.
- Clinical A/Professor Jonathan Osborne,* State Radiologist, BreastScreen Queensland.
- Mrs Julietta Patnick, Director, National Health Service (NHS) Cancer Screening Programmes, United Kingdom.
- Professor David Roder, Head, Centre for Cancer Control Research, The Cancer Council South Australia.
- Ms Venessa Tripp, Consumer representative.
- Dr Madeleine Wall, Clinical Leader,* BreastScreen Aotearoa, National Screening Unit, New Zealand (observer).

The EAC will:

- advise on the specific terms of reference for the overall evaluation;
- provide advice on the evaluation plan;
- prioritise specific evaluation projects;
- endorse the terms of reference and specifications for each project;
- provide technical advice on the selection of tenders;
- brief the Evaluators and provide technical advice as required;
- consider progress and final reports;
- submit the final report and recommendations to AHMAC, through the APHDPC.
- advise the APHDPC on findings arising from the evaluation. The EAC does not have a role in making policy decisions.

* New members added following Inaugural Meeting 8-9 February 2007

Outlines of BreastScreen Australia Evaluation Projects

Phase 1 Projects

1 Mortality Study (1): Methodology

Timeframe: Phase 1
Expected outcome: Suitable methodology for the Mortality Study (2) Analysis to evaluate the impact of BreastScreen Australia on breast cancer mortality rates.

The aim of this project was to identify a suitable methodology to assess the impact of BreastScreen Australia on breast cancer mortality in Australian women.

BreastScreen Australia aims to achieve significant reductions in mortality and morbidity associated with breast cancer through mammographic screening. There is no universally agreed methodology to assess the impact of mammographic screening on reductions in breast cancer mortality.

The Mortality Study (1): Methodology assessed methodologies for evaluating the impact of BreastScreen Australia on breast cancer mortality. The study involved a literature search and review of Australian and international evidence on methodologies. It compared the relative advantages and disadvantages of each method against a range of criteria including the value of evidence, ease of implementation, risk of unsuccessful implementation, anticipated cost and likely time to complete study.

The Mortality Study (1): Methodology has been a priority for the Program for some time. The study commenced in June 2006 and has been incorporated into the evaluation. The study was undertaken by the National Breast Cancer Centre (NBCC) and funded by the Department of Health and Ageing separately from the evaluation.

The draft final report was considered by the EAC at its meeting in February 2007.

This project addressed the following Evaluation Terms of Reference question relating to Health Outcomes:

- What impact has the Program had on breast cancer mortality?

2 Mortality Study (2): Analysis

Timeframe: Phase 1
Expected outcome: Impact of the BreastScreen Australia Program on mortality caused by breast cancer.

The aim of this study is to determine the impact of BreastScreen Australia on mortality from breast cancer. The success of the BreastScreen Australia Program will ultimately be determined by its effect on breast cancer mortality.

The Mortality Study (1): Methodology was commissioned by the Department of Health and Ageing to determine the best methodology for the Mortality Study.

The methodology employed will reflect findings of the Mortality Study (1): Methodology and the expert advice of the BreastScreen Australia Evaluation Advisory Committee.

This project will address the following Evaluation Terms of Reference question relating to Health Outcomes:

- What impact has the Program had on breast cancer mortality?

3 Participation and Performance Trends Project

Timeframe: Phase 1

Expected outcome: Trend data on Program participation and performance

The aim of this project is to undertake an analysis of Program performance data to establish trends over time. The project will analyse existing monitoring data provided by jurisdictions against the agreed Program performance indicators of participation, detection of small invasive cancers, interval cancer rate, Program sensitivity (screen detected cancers), detection of ductal carcinoma in situ, recall to assessment, rescreening, incidence of breast cancer, incidence of ductal carcinoma in situ, and mortality.

Trends in participation by BreastScreen Australia services, rural, remote and metropolitan area (RRMA) classification will be analysed. Analysis will also focus on trends in participation by Aboriginal and Torres Strait Islander status, age group, culturally and linguistically diverse (CALD) status, presentation of symptoms and family history.

This project will address the following Evaluation Terms of Reference question relating to Participation, Access and Equity:

- What are the trends in participation in the Program?

This project will address the following Evaluation Terms of Reference questions relating to Program Performance:

- How is the Program performing and what are the trends relating to performance indicators?
- To what extent are women rescreened in accordance with the Program's recommended screening interval?

This project will address the following Evaluation Terms of Reference questions relating to Health Outcomes:

- What impact has the Program had on breast cancer morbidity?
- What are the benefits and harms in participating in the Program?

4 Review of BreastScreen Australia Infrastructure and Capacity

Timeframe: Phase 1

Expected outcome: Review and analysis relating to workforce and infrastructure issues and their impact on Program capacity.

The aim of this project is to review the availability and distribution of BreastScreen Australia infrastructure and workforce, and the capacity of BreastScreen Australia in meeting current and emerging demand for screening and assessment services.

This project will analyse infrastructure issues such as the availability, distribution, current supply and demand, projections for the future need and good practices. It will also analyse workforce issues, in particular, those relating to radiographers and radiologists, in the broader context of health workforce management in Australia and internationally.

The project will address Program capacity issues, with a focus on rural and remote areas and for groups having under-participation. It will also address the impact of new technology on BreastScreen Australia infrastructure and related workforce/training issues. The review will take into account any outcomes arising from the Medical Services Advisory Committee (MSAC) review of digital technology for screening mammography.

The findings of the review will be considered in the context of the overall evaluation to identify practical ways to maximise the capacity of BreastScreen Australia to meet current and emerging demands.

This project will address the following Evaluation Terms of Reference questions relating to process outcomes - infrastructure and capacity:

- What are the impacts of infrastructure and workforce issues on Program capacity?
- What is the impact on the Program of incorporating new technologies, in particular, digital mammography?
- How effective is the Program in responding to new evidence and research?
- To what extent are women screened and rescreened in accordance with the Program's recommended screening interval? To what extent is this related to capacity?
- What is the impact on the Program of mammography outside the Program?

5 Policy Analysis Project

Timeframe: Phase 1
Expected outcome: Evidence and advice on the appropriate screening age range and interval for the Program and the appropriate identification and management population subsets with higher risk.

The aims of the project are to review current screening age and interval for the Program and the identification and management of population subsets with higher risk (for example women with a family history and/or symptoms of breast cancer) against evidence for effectiveness of screening.

The project will involve an examination of international literature on the clinical and cost effectiveness of screening of women in the current target age range (50-69 years), women aged 40-49 years and 70 years and over, and on the clinical and cost effectiveness of different screening intervals for all women in the target age range and for population subsets at higher risk.

The project will advise on the appropriateness of changing the screening age range and/or interval for all women in the target age range and/or for population subsets. The project will also advise on the best practice for the identification and management of population subsets.

This project will address the following Evaluation Terms of Reference questions relating to policy issues:

- Is the current Program policy on age range and screening interval appropriate?
- What is the best practice evidence for the management of women with symptoms who present for screening?
- What is the best practice evidence for the management of women identified as being at higher risk?
- What is the impact of inconsistency in the application of policy across jurisdictions?

Phase 2 Projects

6 Review of BreastScreen Australia Accreditation System

Timeframe: Phase 2
Expected outcome: Review of the current accreditation system and recommendations for achieving a sustainable system that is responsive to emerging issues for the Program and delivers quality improvements.

The aim of this project is to review the current accreditation system for BreastScreen Australia in the light of Australian and overseas best practices, and identify rigorous, transparent and cost-effective options that would ensure the safety and quality of the screening and assessment services provided under the Program. A review of the BreastScreen Australia National Accreditation Standards is outside its scope.

The review will take into account findings of the Australian Commission on Safety and Quality in Healthcare review of accreditation practices in Australia.

The findings of the review of the BreastScreen Australia accreditation process will be considered in the context of the overall evaluation to identify a sustainable accreditation system that is responsive to emerging issues for the Program and delivers ongoing quality improvements.

This project will address the following Evaluation Terms of Reference question relating to Process outcomes - Program performance:

- Are quality assurance mechanisms ensuring a high standard of quality within BreastScreen Australia?

7 Participation Qualitative Study

Timeframe: Phase 2

Expected outcomes: Evidence on the accessibility and availability of the Program to women; women's ability to make informed choices; and barriers to participation. Evidence on health practitioners' views on the Program and its interaction with primary treatment regimes.

The aim of this project is to undertake surveys of participants and non-participants within and outside the target age group, and also health practitioners to determine the Program's availability and acceptance and barriers to participation. This project will focus on barriers and strategies to improving participation in a sustainable way within the general population and in sub-populations where participation is low.

A range of qualitative methods will be undertaken to conduct surveys to determine the views of women and health practitioners, including rural and Aboriginal and Torres Strait Islander women, to identify the needs of the Program, issues relating to recruitment and the Program's interaction with primary care sector.

This project will address the following Evaluation Terms of Reference questions relating to Participation, Access and Equity:

- To what extent is the Program available and accessible to all eligible women, in particular to sub-populations of women where the participation is lower than the national average?
- To what extent is the Program acceptable to women and other stakeholders?
- What impact have the BreastScreen Australia communication activities had on the participation rates?
- Do the current BreastScreen Australia communication mechanisms help women to make an informed choice about screening and rescreening?
- What are the barriers to improving participation? What are the strategies to address these barriers?

This project will also partly address the following Evaluation Terms of Reference question relating to Policy issues:

- What are the factors contributing to women choosing mammography outside the Program?

This project will also partly address the following Evaluation Terms of Reference question relating to Health Outcomes:

- What impact has the Program had on breast cancer morbidity?

8 Economic Evaluation

Timeframe: Phase 1 and 2
Expected outcome: Economic evaluation

The aim of this project is to conduct an economic evaluation of the BreastScreen Australia Program. This project will provide information on the total cost, health gains and financial savings of the Program to the Australian Government, state and territory governments and society.

An economic evaluation will allow the assessment of whether the Program is delivering the best possible outcomes at an acceptable cost. Assuming availability of an accurate costing data the analysis will accurately assesses the additional costs and benefits of BreastScreen Australia, compared with alternative options for detecting breast cancer and to consider if the additional benefits can be achieved at a cost which is acceptable.

This project will address the following Evaluation Terms of Reference questions relating to Economic outcomes: cost-utility, cost-benefit and cost-effectiveness.

Cost-effectiveness analysis

- What is the net cost per women screened?
- What is the net cost per life year saved through the Program?
- What are the factors influencing any variation in costs?

Cost-utility analysis

- What is the cost per quality adjusted life year (QALY)? What are the Program costs of an additional QALY?

Cost-benefit analysis

- What are the marginal costs of the Program over marginal benefits?

9 Program Governance and Management

Timeframe: Phase 2
Expected outcomes: Identification of good practices relating to Program governance and management.

The aim of this project is to document current jurisdictional practices relating to Program management and governance arrangements with a view to identifying good practices. The project will also seek to identify any variations in policies and protocols that have the potential to impact on the policy intent of the Program.

This project will address the national, state and territory coordination roles. It will also address the reporting and accountability arrangements for BreastScreen Australia.

Given the maturity of the Program and the flexible governance arrangements, it is likely that there are differences in policies and procedures between jurisdictions and also between services. These might include variations in Program delivery arrangements such as recall protocols; the role of the Program with respect to women with symptoms and/or elevated risk such as family history or previous abnormalities of the breast; and other differences in policies and procedures between services.

This project will address the above issues, and will identify strategies and practices to ensure accountability and possibly improve efficiency of the Program. It will also identify appropriate levels of reporting for the Program.

This project will address the following Evaluation Terms of Reference question relating to Program Performance:

- What aspects of governance and management contribute to better health outcomes?
- Are the current Program management and governance arrangements delivering the best possible outcomes?

Synthesis and Reports

Timeframe: Phase 1 and 2

Expected outcome: Phase 1 and Phase 2 reports, Final report and recommendations.

The aim of this project is to produce reports synthesising the outcomes of the various projects, and provide recommendations for AHMAC's consideration. The outcomes of Phase 1 and Phase 2 projects will be synthesised into separate reports, and a final report written to consolidate the outcomes of all the evaluation projects into an overall evaluation report.

The final report will consider the findings and recommendations of individual evaluation projects in the context of the overall evaluation and prepare a consolidated report on the evaluation of BreastScreen Australia, which comprehensively addresses the terms of reference for the evaluation as agreed by AHMAC in June 2006.

The final report will consider the extent to which the Program has met its aim of achieving reductions in mortality attributable to breast cancer, the extent to which current objectives have been met and the appropriateness of these objectives.

The report will identify international best practices that are relevant to the Australian context.

The Secretariat will work closely with the BreastScreen Australia Evaluation Advisory Committee to prepare the Final Report.

Appendix A: Evaluation Projects and Questions¹

(Finalised by the Evaluation Advisory Committee on 9 February 2007)

Project No.	Project Title	Phase	Outcomes	Evaluation Questions
1	Mortality Study (1): Methodology	1	Health	What impact has the Program had on breast cancer mortality?
2	Mortality Study (2): Analysis	1	Health	What impact has the Program had on breast cancer mortality?
3	Participation and Performance Trends	1	Process <i>Participation, access and equity</i>	What are the trends of participation in the Program?
			Process <i>Program performance</i>	How is the Program performing and what are the trends relating to performance indicators? To what extent are women rescreened in accordance with the Program's recommended screening interval?
			Health	What impact has the Program had on breast cancer morbidity? What are benefits and harms in participating in the Program?

¹ Based on broad evaluation questions endorsed by the Australian Health Ministers' Advisory Council in June 2005 (see Appendix B)

Project No.	Project Title	Phase	Outcomes	Evaluation Questions
4	Review of BreastScreen Australia Infrastructure and Capacity	1	Process <i>Infrastructure and capacity</i>	<p>What are the impacts of infrastructure and workforce issues on Program capacity?</p> <p>What is the impact on the Program of incorporating new technologies, in particular, digital mammography?</p> <p>How effective is the Program in responding to new evidence and research?</p> <p>To what extent are women screened and rescreened in accordance with the Program's recommended screening interval? To what extent is this related to capacity?</p> <p>What is the impact on the Program of mammography outside the Program?</p>
5	Policy Analysis Project	1	Policy Issues	<p>Is the current Program policy on target age range and screening interval appropriate?</p> <p>What is the best practice evidence for the management of women with symptoms who present for screening?</p> <p>What is the best practice evidence for the management of women identified as being at higher risk?</p> <p>What is the impact of inconsistent application of policy across jurisdictions?</p>
6	Review of BreastScreen Australia Accreditation System	2	Process <i>Program performance</i>	<p>Are quality assurance mechanisms ensuring a high standard of quality within BreastScreen Australia?</p>
7	Participation Qualitative Study	2	Process <i>Participation, access and equity</i>	<p>To what extent is the Program available and accessible to all eligible women, in particular, to sub-populations of women where the participation is lower than the national average?</p>

Project No.	Project Title	Phase	Outcomes	Evaluation Questions
				<p>To what extent is the Program acceptable to women and other stakeholders?</p> <p>What impact have BreastScreen Australia communication activities had on participation rates?</p> <p>Do the current BreastScreen Australia communication mechanisms help women to make an informed choice about screening and rescreening?</p> <p>What are the barriers to improving participation? What are the strategies to address these barriers?</p>
			Health	What impact has the Program had on breast cancer morbidity?
			Policy Issues	What are the factors contributing to women choosing mammography outside the Program?
8	Economic Evaluation	1 and 2	Economic <i>Cost-effectiveness</i>	<p>What is the net cost per woman screened?</p> <p>What is the net cost per life year saved through the Program?</p> <p>What are the factors influencing any variation in costs?</p>
			<i>Cost-utility</i>	What is the cost per quality adjusted life year (QALY)? What are the Program costs of an additional QALY?
			<i>Cost-benefit</i>	What are the marginal costs of the Program over marginal benefits?
9	Program Governance and Management	2	Process <i>Program performance</i>	<p>What aspects of governance and management contribute to better outcomes?</p> <p>Are the current Program management and governance arrangements delivering the best possible outcomes?</p>
	Synthesis Outcomes and Final Report	1 and 2	Health, Process and Economic	Final report to address the terms of reference of the evaluation.

Appendix B: AHMAC-endorsed Terms of Reference

TERMS OF REFERENCE FOR THE EVALUATION OF BREASTSCREEN AUSTRALIA

(Endorsed by AHMAC in June 2006)

It is proposed that a comprehensive and independent evaluation of BreastScreen Australia is undertaken to assess the appropriateness, efficiency and effectiveness of the Program. The evaluation will also assess and address the ongoing and emerging issues that have an impact on the Program, and identify opportunities for overall improvement.

To achieve its objectives, the evaluation will consist of a range of evaluation projects aimed at assessing the health, process and economic outcomes delivered by the Program. This would involve assessing the benefits and risks associated with screening including the impact of the Program on mortality and morbidity due to breast cancer, efficiency of the Program delivery model, trends relating to performance indicators, infrastructure and capacity, and economic outcomes.

Governance arrangements for the evaluation, objectives, key questions and milestones are discussed below.

A. Governance

A reference committee² comprising eminent Australian and overseas experts, jurisdictional representatives and a consumer representative will oversee the evaluation.

The Committee would:

- advise on the specific terms of reference for the overall evaluation;
- provide advice on the evaluation plan;
- prioritise specific evaluation projects;
- endorse terms of reference and specifications for each project;
- provide technical advice on the selection of tenders;
- brief the evaluators and provide technical advice to support the evaluation;
- consider progress and draft reports; and
- submit the final report and recommendations to AHMAC.

It is proposed that the reference committee would have a limited number of face-to-face meetings, and meet via teleconference as necessary.

The Department will:

- provide secretariat support to the committee;
- develop the terms of reference for all the evaluation projects, in consultation with key stakeholders;
- undertake necessary procurement processes;
- manage the overall evaluation project and some of the individual projects associated with the evaluation;
- consult with technical experts as required; and
- provide updates to AHMAC.

² now known as the BreastScreen Australia Evaluation Advisory Committee (EAC)

B. Objectives of the evaluation and key questions

The objectives of the evaluation are to:

- assess the outcomes achieved by the Program;
- assess the extent to which the Program has achieved its aims and objectives;
- assess the appropriateness, efficiency and effectiveness of the Program;
- assess and address the ongoing and unresolved issues impacting on the Program; and
- identify opportunities to improve the Program overall.

To achieve these objectives the evaluation will focus on three overall outcomes:

- Health outcomes – the benefits and risks of the Program;
- Process outcomes – efficiency of the implementation of the Program; and
- Economic outcomes in relation to the cost-utility, cost-benefit and cost-effectiveness of the Program.

Health outcomes: the benefits and risks of the Program to participants

- What impact has the Program had on breast cancer mortality?
- What impact has the Program had on breast cancer morbidity?
- What is the extent of morbidity associated with participating in the Program?
- To what extent are women diagnosed with invasive cancer, ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS) in the Program referred (and treated) appropriately?

Process outcomes: to assess the efficiency of the implementation of the Program

Participation, access and equity

- What are the trends of participation in the Program?
- To what extent is the Program available and accessible to all eligible women?
- To what extent is the Program acceptable to women and other stakeholders?
- What impact have communication activities had on participation rates?
- Do the current communication mechanisms help women to make an informed choice about screening?
- What are the barriers to participation?

Program performance

- What are the trends relating to performance indicators (cancer detection, interval cancer, detection of DCIS, recalls and Program sensitivity)?
- To what extent are women rescreened in accordance with the Program's recommended screening interval?
- Are the Program's quality improvement mechanisms, including the accreditation process, cost effective and consistent with best practice? Do they ensure a high standard of services?
- How effective are the Program management and governance arrangements (national and State and Territory coordination roles)?

Infrastructure and capacity

- How effective is the Program at assessing and incorporating new technologies and responding to new evidence and research?
- What are the impacts of infrastructure and workforce issues on Program capacity?

Economic outcomes: cost-utility, cost-benefit and cost-effectiveness

- What is the net cost per life year saved through the Program?
- What is the net cost per cancer case detected, per cancer death prevented and per woman screened?
- What is the variation in cost per cancer detected, per cancer death prevented and per woman screened within the Program?
- What is the cost per quality adjusted life year (QALY)? What are the Program costs of an additional QALY?
- What are the marginal costs of the Program over marginal benefits?

Appropriateness:

- Do the Program objectives continue to be appropriate?
- How appropriate are the reporting mechanisms and key performance indicators for the Program?
- To what extent is the Program an appropriate response to the incidence and prevalence of breast cancer?

Ongoing policy issues:

- To what extent is the Program target age range and screening interval appropriate?
- What is the best practice evidence for the management of women with symptoms, family history or previous cancer of the breast?
- What is the impact of mammography outside the Program?

Appendix C: Aims and Objectives of BreastScreen Australia

AIMS

The aims of the Program are:

1. To ensure that the Program is implemented in such a way that significant reductions can be achieved in morbidity and mortality attributable to breast cancer.
2. To maximise the early detection of breast cancer in the target population.
3. To ensure that screening for breast cancer in Australia is provided in dedicated, accredited Screening and Assessment Services as part of the BreastScreen Australia Program.
4. To ensure equitable access for women aged 50-69 years to the Program.
5. To ensure that services are acceptable and appropriate to the needs of the eligible population.
6. To achieve high standards of Program management, service delivery, monitoring and evaluation, and accountability.

OBJECTIVES

The objectives of the Program are:

1. To achieve, after five years, a 70 per cent participation rate in the BreastScreen Australia Program by women in the target group (50-69) and access to the Program for women aged 40-49 years and 70-79 years.
2. To rescreen all women in the Program at two-yearly intervals.
3. To achieve agreed performance outcomes which minimise recall rates, retake films, invasive procedures, 'false negatives', and 'false positives', and maximise the number of cancers detected, particularly the number of small cancers.
4. To refer to appropriate treatment services and collect information about the outcome of treatment.
5. To fund through State Coordination Units only Screening and Assessment Services which are accredited according to agreed National Accreditation Guidelines, and to ensure that those Guidelines are monitored and reviewed by appropriate State and Territory Accreditation Committees.
6. To recognise the real costs to the women of participation in the Program, and to minimise those costs. This includes the provision of services at minimal or no charge, and free to eligible women who would not attend if there was a charge.
7. To make information about mammographic screening and the BreastScreen Australia Program available in easily comprehensible and appropriate forms in a variety of forums, and to women and health-care providers in particular.
8. To achieve patterns of participation in the Program which are representative of the socioeconomic, ethnic and cultural profiles of the target population.
9. To provide services in accessible, non-threatening and comfortable environments by staff with appropriate expertise, experience and training.

10. To provide appropriate service in that: the provision of counselling, education and information is an integral part of the Program; sensitive procedures for notification of recall are in place; and the time between the initial screen and assessment is minimised.
11. To achieve high levels of participation in the development and management of the Program by members of significant professional and client groups.
12. To collect and analyse data sufficient to monitor the implementation of the Program, to evaluate its effectiveness and efficiency, and to provide the basis for future policy and Program development decisions.