

RCHC/RCCO

Sharing Promising Practices: OLE Health Cervical Cancer Screening

Categories: Clinical Practice Operations Compliance Finance

Aim:

Increase OLE Health's cervical cancer screening rate by 10% from 2013 to 2014 (determined via UDS data).

Target Population:

Asymptomatic women ages 21 through 65.

Promising Practice Overview:

OLE Health increased appropriate Cervical Cancer Screening rates from 61% in 2013 to 73% in 2014 (UDS data) by implementing the following changes:

- Training the patient care team regarding the cervical cancer screening guideline.
- Training the Women's Health Panel Manager in comprehensive panel management and follow up.
- Increasing access so women could be scheduled for their Pap in a timely manner.

Measures:

- Increase appropriate cervical cancer screening rate among asymptomatic female patients from 21 to 65 years of age.
- Reduce time between contacting patient and getting them in the office for Pap (should be no more than 2 weeks).
- Implement provider education/training.

Pre-existing infrastructure:

OLE expanded their Women's Health Clinic prior to making the changes outlined below. This expansion has assisted with increasing access to women's well visits.

Changes:

OLE Health identified three main categories to focus their efforts on for increasing cervical cancer screening rates. These categories included: provider education, panel management, and patient access.

- **Education**

- Trained providers/MAs on updated Cervical Cancer Screening Guideline.
- Addressed barriers to following the screening guideline by:
 - Including insurance information within the guideline and displaying it throughout the clinic.
 - For women who preferred not to have a Pap with their male PCP, offered appointment with another provider in same pod, or at the women's health clinic.
- Gave providers decision making tools and resources to help with management of abnormal Paps.
- Updated the Women's Health template in eCW.
 - Cleaned up codes and trained care teams on accurate coding.

- **Panel Management**

- For routine screening, the Women's Health Panel Manager conducted outreach to schedule Paps: made phone calls, sent recall letters and scheduled Pap appointments within 2 weeks.
- The panel manager developed a weekly list of abnormal Paps.
 - The Associate Director of Women's Health, the Women's Health RN and the Women's Health Panel Manager went over all abnormal Paps during weekly rounds.
 - The panel manager set actions for future follow up needed for patients with abnormal Paps.
- The Women's Health RN has been trained to join in Pap rounds, contact all patients with abnormal Paps, and schedule colposcopies.
- OLE is currently working to distribute the responsibility of scheduling screening Paps to the medical assistants. The medical assistants are currently managing the panels of their teamlets for other issues (i.e. DM, HTN, colon cancer screening).

- **Access**

- Increased ability for Women's Health Panel Manager to directly schedule at the Women's Health clinic.
 - Focused on building time for women's health exams into providers' schedules.
 - Required appointments to be scheduled for a date within 2 weeks of contacting patient.
- OLE staff estimate that between 5-20% of women could be getting Paps outside of OLE Health—when this is identified in conversation with patient (either in person or in a phone call) a medical record release is completed so OLE can access the patient's Pap results.

Results:

- OLE Health increased Cervical Cancer Screening rates from **61% in 2013 to 73% in 2014** (UDS data).
- Increased collection of completed medical record releases from women with Paps conducted at other clinics.
- OLE continues to provide minor updates to the Cervical Cancer Screening Guideline based on insurance changes and regularly revises workflows to support the guideline.

Conclusions:

- Increased cervical cancer screening rates by 12% from 2013 to 2014.
- Cervical Cancer Screening Guideline now includes insurance information to improve provider ease of use.
- Staff have been trained to obtain medical record releases from women who have had their Pap conducted in another clinic.
- Staff have been trained on use of Women's Health template in eCW and template has been implemented.
- There is now a process in place for the Women's Health Panel Manager to handle all abnormal Paps.
- Implementing 2-week Pap appointment guideline has helped increase access to care and reduce the prevalence of no-shows.

Companion Documents:

See guideline attached.

CLINIC OLE Cervical Cancer Screening Guidelines (2015)

GENERAL RULE: Screen all women from ages **21 to 65 years old, every 3 years** with one of the following:

1. **PAP:** PAP only, no HPV testing no matter what the result - preferred for women 21 to 24 years old
2. **PAP with reflex HPV** – the lab will test for HPV if the PAP is positive with ASCUS or LSIL
3. **PAP with HPV (COTEST)** – the lab will test for HPV no matter what the PAP result

ALWAYS INCLUDE LMP with PAP order: If endometrial cells are found in a postmenopausal patient or far from a woman's LMP, she may need an endometrial biopsy.

ABNORMAL TESTS: Every result requires different treatment and follow-up, there are no general rules. Providers must follow the ASCCP guidelines and algorithm, and please ask for help.

1. ASCCP guidelines: <http://www.asccp.org/Portals/9/docs/Algorithms%207.30.13.pdf>
2. Contact Lynette Leighton, MD with questions. LLeighton@clinicole.org, 530-848-9471

| Patient | Guideline |
|---------------------------|--|
| 21-24 years | PAP only every 3 years |
| 25-29 years | PAP w/reflex HPV every 3 years |
| 30-65 years | <ol style="list-style-type: none"> 1. PAP w/ reflex HPV every 3 years <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. PAP and HPV (COTEST) every 5 years if woman prefers longer intervals (Partnership/CDP/private insurance/FPACT and MediCAL all cover this option) |
| Over 65 years | Women with evidence of adequate negative prior screening and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner. (SEE BELOW) *** |
| After hysterectomy | No pap for women with hysterectomy (including cervix) for noncancerous reasons; (ie/ no history of a high-grade precancerous lesion (ie, CIN 2 or 3) or cervical cancer). |
| HPV vaccinated | No change – follow above screening recommendations. |

*** For women over 65: adequate prior screening as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years before cessation of screening, with the most recent test occurring within 5 years. They further state that routine screening should continue for at least 20 years after spontaneous regression or appropriate management of a high-grade precancerous lesion, even if this extends screening past age 65 years