

# Marin Community Clinics Cervical Cancer Screenings

## Redwood Community Health Coalition Promising Practice

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### PROMISING PRACTICE OVERVIEW

Marin Community Clinics (MCC) improved their UDS cervical cancer screening rates from 73% in 2016 to 78% in 2017. In the last couple of years MCC's QI team has made much headway in improving their cervical cancer screening by implementing various practices. Activities included quality improvement programs such as the [ADVANCE program](#) through Partnership HealthPlan of California (PHC), which prepares participants to lead and sustain health care quality improvement initiatives. Along with implementation of learnings from the ADVANCE program, MCC continues to use outreach efforts to ensure patients receive all recommended health maintenances.

### AIM

In order to prevent morbidity and mortality of cervical cancer for patients, MCC aims to increase cervical cancer screenings across all clinic sites.

### MEASURE

Cervical Cancer Screening UDS Definition

#### Denominator:

- ✓ Between 23 and 64 years of age at the end of the reporting period.
- ✓ Had at least one medical visit during reporting period.
- ✓ Had a medical visit prior to 65th birthday.
- ✓ Female.
- ✓ Exclusion: had a hysterectomy and no residual cervix

#### Numerator:

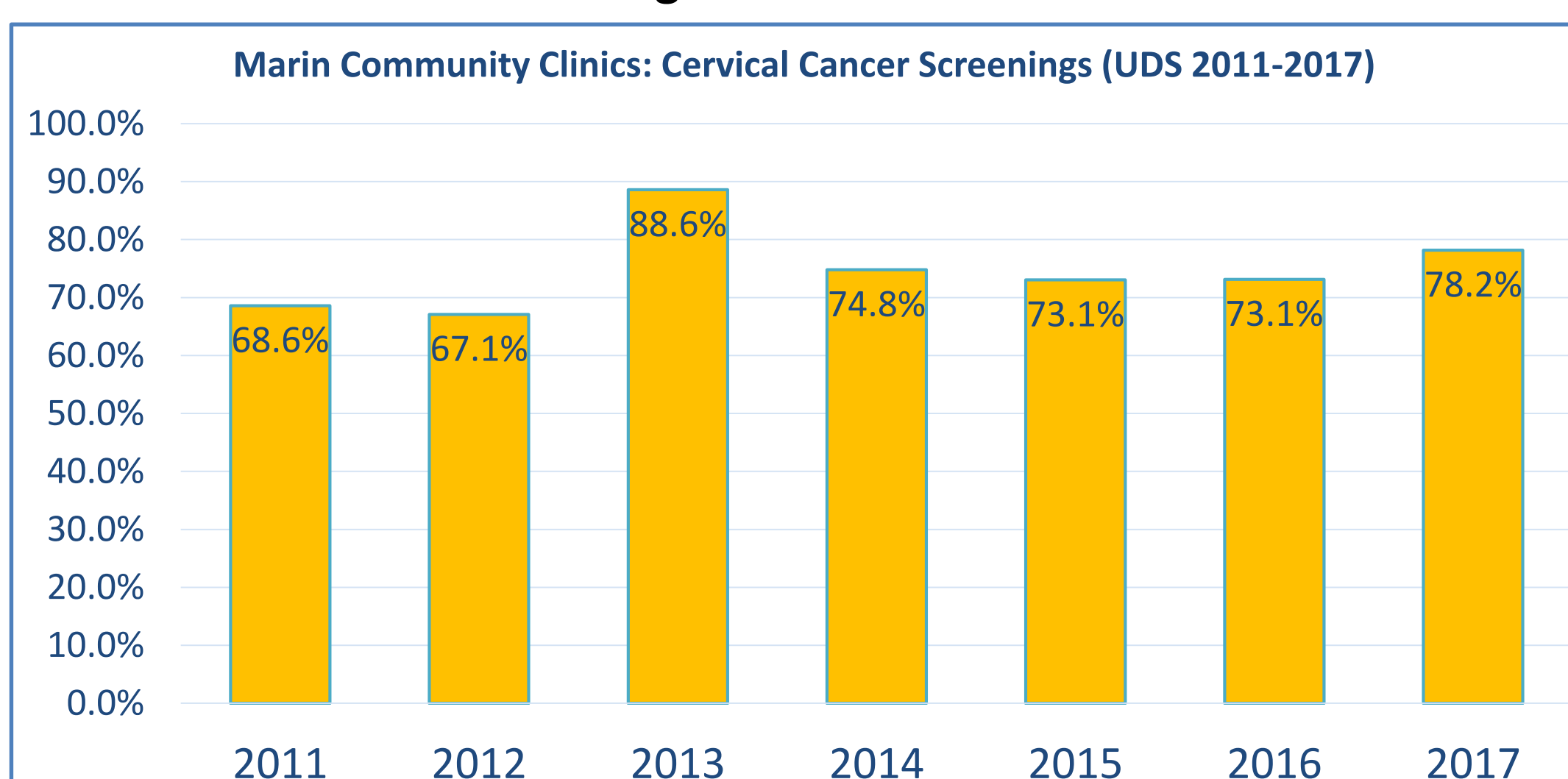
Had either of the following:

- ✓ A pap test in the three years prior to the end of the measurement period (age 23 to 64 years)
- ✓ A pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years)

### RESULTS TO DATE

MCC's cervical cancer screening rate in 2011 was 69% and they have maintained high performance on this measure with a 5.1% increase from 2016 to 2017 according to UDS annual reporting. MCC's cervical cancer screening rate was 73.1% in 2016 and improved to 78.2% in 2017.

### MCC Cervical Cancer Screenings



### ACTIONS TAKEN

- QIP incentive was a major driver to increase outreach and in reach to screen patients due for Paps. Due to the QI transition period there were two major outreach pushes in 2017.
- MCC currently has a standing order for MAs to schedule well woman exams for female patients due for Paps: "Female patients >21-65 years of age, schedule visit for pap smear for all women who have not had a pap in 3 years or 5 years if with co-test".
- MAs use Care Guidelines during pre-visit preparation to identify women due and schedule the appointment reflexively.
- MA supervisor trains new MAs on the standing orders, using Care Guidelines and pre-visit prep process.
- MCC asks their providers to ALWAYS perform a Pap if they are performing a pelvic exam and the patient is due. In this case, the MA are usually aware and will set up the Pap while setting up for the pelvic exam in the room to help the provider.
- Prompted patients to schedule maintenance appointments for cervical cancer screening through recall phone calls (through call center).
- Executed the ADVANCE program through PHC and tested two PDSAs:
  - PDSA #1: Front Desk Appointment Sign Up  
Involved having front desk staff schedule cervical cancer screenings while the patient is in the clinic. QI staff and OB RN handled the OB patients separately.
  - PDSA #2: Call Center Outreach  
Involved having call center pull report and call eligible patients to schedule cervical cancer screenings. When needed, the RN or Front Office answers financial questions.
- MCC determined that involving the front desk in scheduling appointment wasn't sustainable for all the sites and has continued to use the call center for outreach activities.
- MCC tracked one family care physician's screening rates to determine PDSA impact and outcomes. From April 2017 to February 2018, the provider increased their screenings from 56% to 73%.

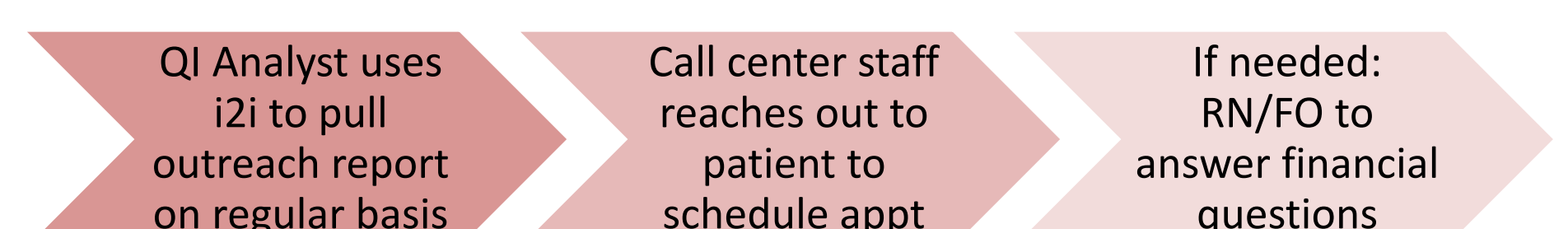
#### Challenges:

1. Reporting Software (i2i)
2. Provider access/availability
3. Time limitations and competing priorities

#### Successes

1. Our goal was met!
2. We engaged clinic staff and leadership in QI methods
3. We learned a lot: clinical process, reporting software, EHR system, provider documentation, patient barrier etc.

### CURRENT WORKFLOW BASED ON PDSA #2



### LESSONS LEARNED

- Review data throughout the year and don't wait until the end of a reporting period (i.e. QIP, UDS).
- Explore and question large changes in data trends to ensure data accuracy.
- Regular phone recalls through the call center and engaging MAs in addressing care gaps through in reach are successful strategies to increase cervical cancer screening rates.