

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM



An Improvement to Cervical Cancer Screening at the Legacy Community Health Services Center-Montrose Location- Developing a Comprehensive Approach

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Introduction

When Legacy was first opened in 1978, the clinic was founded to provide screening, diagnosis, treatment and prevention of sexually transmitted diseases (STD) primarily for gay men. Legacy has now grown into a primary care facility for the underinsured and noninsured. Legacy is now a patient centered medical home facility (PCMH), therefore more effort should be put into preventative care and overall wellness of each patient. Since the clinic was already looking for ways to improve cancer screening, I decided to observe the current protocols for cervical cancer screening.

I observed the following:

1. From looking at the PCMH report, how many women at Legacy are of ages 21-65 and visited the clinic (Adult Medicine, Pediatrics, or OB/GYN) during April 14th-June 16th?
2. Of the women who visited within the 2 month time span, how many received pap smears?
3. From the PCMH report, how many of the providers within the clinic are meeting the 93% percentage rate? Based upon CDC Healthy People 2020
4. From looking at a sample of patients' charts who had abnormal pap smears during the 2 months, what type of follow-up care did they receive?



Background

- Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests such as pap smears and follow-up. According to the American Cancer Society, between 1955 and 1992, cervical cancer decreased by more than 70% due to the increased amounts of pap smears performed. However, in 2014 a predicted 4,020 women will still die from cervical cancer (cancer.org).
- Additionally, based on the FTCA (Federal Tort Claims Act), in the past 10 years, majority (58%) of incidents involving cervical cancer has involved a failure to diagnose or there was a delay in diagnosis (hrsa.gov).
- “The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.”

Methodology

- In order to assess the cervical cancer screening at Legacy, I used the Centricity EMR system. I observed the Patient Center Medical Home (PCMH) and the compliance reports.
- The PCMH report splits the percentages into numerator and denominator which can be defined as follows: Numerator: Number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year. Denominator: Number of female patients 24-64 years of age as of December 31 of the measurement year who were seen for a medical encounter at least once during the measurement year. In order to get percentages, I divided the numerators by the denominators.
- In order to assess follow-up care for the abnormal pap smears, I reviewed the compliance reports in the Centricity EMR system. The compliance report sorts women who received pap smears by their insurance provider. I randomly selected 20 females off the report who had abnormal pap smears and I completed chart review for each of them. I then charted the results.

Results

- The number of women who visited the clinic on 04/14/2014-06/16/2014 between the ages of 21-65 is 6,960. The number of females who received a pap smear during those visits or within the previous three years is 4,644. The percentage is 67%.
- None of the 22 providers except for one OB/GYN and two pediatric providers actually met the 93%. The OB/GYN saw 1,221 patients during that time frame. Each of the pediatricians only saw one patient within the age frame.
- Of the twenty abnormal charts that I reviewed, only four of the females had proper follow-up care.

Results- Each Provider Percentage

Female patients ages 21-65 during 04/14-06/16, who was seen by physician, nurse practitioner, physician assistant, or registered nurses in adult medicine, pediatrics, or OB

ProviderName	Denominator	Numerato	Total Percentage						
Ansari-Endo/Nephro	11	7	63.6						
Asghar- Endo/ Nephro	10	6	60						
Folb-Endo/Nephro	5	3	60						
Graham-NP	689	470	68.2					Providers total	22
Hsu	11	8	72.7					Providers below the amt reccommended	19
Klarberg	316	156	49.4					Only 3 providers who meet the guidelines	
Maston-Adolescents	2	1	50						
Nemecek	456	250	54.8						
Palm	247	146	59.1						
Patel	665	346	52						
Robbins-Endo/nephro	1	0	0						
Ruppe-endo nephro	3	0	0						
Saltzman-RN triage	13	11	84.6						
Sarsam	319	205	64.3						
Schrader- 3hrs once a week	17	10	58.8						
Shepard	1556	1102	70.8						
Simmons	248	68	27.4						
Vanek	842	451	53.6						
OB			OB/GYN						
Barber	1221	1143	93.6						
Edwards	326	259	79.4						
Peds			Pediatrics						
Feldmann	1	1	100						
Lehmann	1	1	100						
	6960	4644	67% which is below the amt						

Discussion

- According to Healthy People 2020, cervical cancer prevention should be about 93%. The clinic percentage was 67%, which is much lower than the recommendation. Since the clinic is used mainly for acute care, most patients come in to get help with a current issue that they are having and are probably not concerned about preventative care.
- Out of the twenty-two providers, only three of them actually achieved the 93%. One limitation to the percentages could be that adult medicine also includes specialist such as endocrinologist/ nephrologist who do not generally perform pap smears. However, the idea is that they could at least recognize that the patient needs one and then refer them to the front desk after the visit to schedule an appointment.
- When observing the results of the abnormal pap smears, the sample size is a limitation. Since chart review was the method to view follow-ups, only 20 charts were completed which is not enough to assess the follow-up care overall of the pap smears.
- Another limitation is that I only observed April- June, pap smears could be more or less frequent during another time of the year.
- A better system needs to be implemented to ensure organized coordination of care across providers. I think further research needs to be conducted to study this issue in more detail and more awareness to cervical cancer screening needs to be introduced to Legacy.

Recommendations

- The recommendations that I have are to introduce interventions at many levels to help improve cervical cancer screening at the Legacy clinic.
- Before the visit: When a patient is called to be reminded of their upcoming visit, the caller should have the protocols tab up in Centricity and remind the patient to make an appointment for a pap smear. Training should be provided to calling center staff, front desk etc. to teach about the protocols tab.
- During the pre-clinic reviews each week within a team, providers should add flags to the females in which pap smears are needed, from looking at the protocol tab. This flag will pop up when the patient comes to the clinic for a visit.
- During the visit: Front Desk: Go ahead and schedule appointments if they are due now; if patient is there for H&P, the exam can be done during the current visit, if not schedule them for another day. MA: go ahead and have patient to put on gown so the exam can be performed once provider enters the room if there is time for it; go ahead and add flags for providers if cancer screening is needed ;Provider: Use the information that is flagged to the patient chart or the information from the pre clinic review to ensure that cervical cancer screening is adequate; Exam Rooms: Posters/ printouts need to be on the walls/ back of the door to remind both patients and providers to keep track of cervical cancer screening.
- After the visit: Providers need to create flags to follow-up abnormal pap smears so they will be reminded to ensure that the results are being received from the dysplasia clinic.
- The referral committee as well needs to continue to check on the referrals to the dysplasia clinic until the results are reported back into Centricity.

Conclusion

- Since cervical cancer screening is easy to perform, primary care centers such as Legacy should offer pap smears to all females age 21-65 excluding the females who have full hysterectomies. Since cervical cancer is the easiest gynecologic cancer to prevent and is a very low cost procedure, this exam should be completed more frequently at Legacy; for the exams that are performed, follow-up care needs to be implemented until the results are charted into the system from the dysplasia clinic. Using Centricity to observe pap smear percentages and follow-up care, has shown that cervical cancer screening has room for improvement at Legacy. Furthermore, more education and training to the staff of Legacy will help improve the screening rates. If Legacy adopts a more comprehensive model to provide cervical cancer screening, more patients will be protected from cervical cancer and the screening percentages will improve drastically.

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