

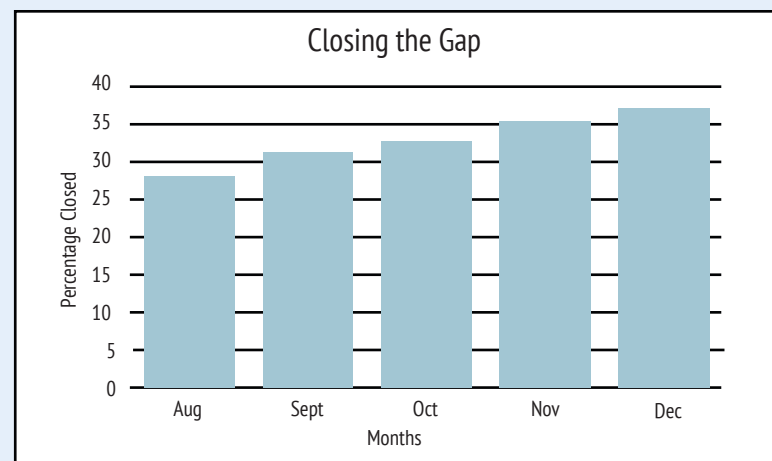
Background

Cervical cancer death rates have dropped significantly since the development of the pap test along with adherence to evidence based cervical cancer screening intervals. Screening in the family medicine office provides patients with an additional option for cancer screening instead of the gynecology office. The United States Preventive Services Task Force (USPSTF) promotes a “Grade A” recommendation for women aged 21 to 65 with the following guidelines: “screening for cervical cancer every 3 years with cervical cytology alone in women 21 to 29 years. For women aged 30 to 65 years, screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing).”

This quality improvement project, titled “Women’s Wellness Wednesdays,” blocked the family medicine office schedule once monthly to allow for gynecologic exams and cervical cancer screening with the hypothesis that blocked scheduled time and patient outreach will improve cervical cancer screening in the family medicine office.

Methods

The report in the EMR (Epic) determined a total of 924 of 3252 eligible patients had completed their cervical cancer screening at the beginning of the QI project for a total of 2328 patients with care gaps. The patients’ charts were reviewed to determine if the care gap was accurate. Patients’ status-post hysterectomy including cervix had the care gap discontinued. Many patients received their gynecologic care from an OBGYN and their pap results were obtained via lab data collection by office staff and the chart was updated and care gap resolved if appropriate. The patients that were eligible for cervical cancer screening were contacted through the EMR to schedule a gynecologic examination during the blocked schedule time. The study is ongoing currently with preliminary results as shown.



Results

The quality improvement project has been ongoing since 08/2022 and the care gap report has decreased to 1942 remaining patients of the reported 3104 eligible patients in 12/2022, for an improvement from 28% to 37% care gaps closed in approximately four months. The project will continue and the report will be run at four-month intervals.

Conclusion

Appropriate and timely cancer screening is important for patients. The ongoing quality improvement initiative is demonstrating that family medicine physicians offering cervical cancer screenings will increase the likelihood of completing screenings. As noted, in the first four months of the project; we have seen an improvement in the care gaps reported. Cancer screening and oversight is a large part of health maintenance as described by the tenants of osteopathic medicine.

Acknowledgment

Our women’s health quality improvement initiative at Jefferson Health Northeast is located at Tillman Family Medicine. As a quality improvement project, this study is exempt from an institutional review board (IRB) review.

References

Rerucha, Caitlyn M, et al. “Cervical Cancer Screening.” *American Family Physician*. 2018;97 (7):441-448.
US Preventive Services Taskforce. (2018, August 21). *Cervical Cancer: Screening | Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce.*

Closing The Gap: Cervical Cancer Screening

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