Cervical Cancer Screening

TOOLKIT

Overview

- American Cancer Society

Cervical cancer is a disease in which cells in the cervix (the lower, narrow end of the uterus) grow out of control. Cervical cancer is preventable in most cases because effective screening tests exist. If detected early, cervical cancer is highly treatable. Effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate; however, many people with a cervix are not screened as recommended.

* We acknowledge this toolkit uses language that is centered around cisgender women. Many organizations responsible for evidence-based guidelines are moving toward more inclusive language, as is Legacy Health Partners. Patients may be inappropriately added or omitted from the eligible population of the measure definition depending on the capacity to appropriately capture sex assigned at birth versus gender identity. Anyone with a cervix should be offered screening.

How to satisfy the measure

The cervical cancer screening measure is satisfied when people with a cervix have an appropriate cervical cancer screening. The cervical cancer screening measure relies on billing codes and service dates in claims data from insurance payors to satisfy the measure.

Sometimes a patient's screening date and code is not available in the claims data LHP receives from payors, for instance if the screening:

- was billed on previous or other insurance policy
- occurred during a long lookback period so not available in historical claims

LHP accepts supplemental clinical data from practices' EHRs to document screening dates and contribute to your overall performance. **Contact your outreach advisor to learn more about the process for submitting clinical data for eligible performance measures.**

Measure Definition

Eligible Population

Denominator

Women* ages 21 to 64 years who are covered by an LHP product.

Exclusions

- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix at any time in the patient's history
- Used hospice services at any time during the measurement year

Performance Met

Numerator

Women* who have an appropriate cervical cancer screening defined by one of the following criteria:

- Women* 21–64 years of age who had cervical cytology performed within the last three (3) years.
- Women* 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five (5) years.
- Women* 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five (5) years.

Documentation, Coding, Billing

Performance measures like Healthcare Effectiveness Data and Information Set (HEDIS®) measures help improve quality scores as you improve the health of your patients. Using complete and accurate codes can help you satisfy the measure, reduce errors, and maintain and even improve your scores.

Common billing codes accepted by HEDIS®
Absence of Cervix Dx ICD-10 CM: Q51.5, Z90.710, Z90.712 **Cervical Cytology Lab Test CPT:** 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147-G0148, P3000, P3001, Q0091 **High Risk HPV Lab Test CPT:** 87624-87625 **HCPCS:** G0476 **Hysterectomy With No Residual Cervix CPT:** 51925, 56308, 57530-57531, 57540, 57545, 57550, 57555-57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262-58263, 58267, 58270, 58275, 58280,58285, 58291-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953-58954, 58956, 59135

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

** Documentation requirements and billing code guidance based on NCQA specifications.

Common Challenges or Barriers

There are a range of reasons why cervical screening may not be occurring, and this list is not exhaustive. It can be helpful for all staff to understand these barriers, the importance of not making assumptions, and to learn how to explain the facts about cervical cancer screening to ensure appropriate screening and follow-up is available for all people with a cervix.

Why people may not be getting screened

PERSONAL

- Individual or cultural barriers
- Fear, embarrassment, or pain
- Lack of knowledge about cervical cancer, risk factors, or screening options
- Limited accessibility/mobility in the clinic (e.g., getting onto the exam table)
- Trauma or previous negative experiences
- Prefer screening by female clinician rather than male
- No regular source of primary health care
- Not familiar with screening frequency or guidelines. (e.g., their previous result was normal so feel like they do not need to re-screen)

STRUCTURAL

- Cost; lack of health insurance coverage or benefits
- Taking time off work
- Lack of transportation
- Language barrier
- Lack of childcare
- Lack of physician recommendation
- Reduced access or scheduling options
- Health disparities: Previous studies found Hispanics are less likely to have previous Pap tests. Older minorities are less likely to be screened compared to their white counterparts. People who have low income and low educational attainment are less likely to be screened or follow up with results of abnormal cytology.[1]

Why providers may find cervical screening difficult

- Level of comfort performing the screening
- Male clinician
- Knowing when and where to refer a patient
- Lack of reminder/recall systems in EHR
- Keeping up with changes to guidelines or recommendations of screening frequency
- Lack talking points to dispel myths or misconceptions
- Not sure what to do next when the result is abnormal
- Access or scheduling limitations including having long enough appointment slots for screening
- The Oregon Medical Board (OMB) requires all OMB licensees (MD, DO, DPM physicians and physician assistants) to offer a trained medical chaperone to be physically present for all genital, rectal, and breast examinations no matter the medical specialty. If a chaperone is requested but unavailable, the examination must be rescheduled. Click here for Frequently Asked Questions.

[1] Journal of Community Health

What you can do[2]

- Make sure patients have the information they need to understand cervical screening and assess their risk. Help explain the facts about cervical cancer screening (**see box to the right**).
- Offer interpreters and translated information.
- Make the consultation room as comfortable as possible.
- Encourage your patient to talk to you about any concerns. Allow extra time to explain the procedure, show equipment that will be used, and make sure the patient knows they can ask for the test to stop at any point.
- Acknowledge that many people do not find cervical screening to be painful, however, some do find it painful. There are adjustments you can offer to help like using smaller speculums, recommending a lateral position, or breathing exercises.
- Offer extended hours to provide more scheduling options or refer to clinics that offer appointments at more flexible hours.
- Provide wheelchair access or equipment to make your clinic accessible to all.
- Offer a trained medical chaperone. Legacy has a training course available to help comply with the Oregon Medical Board (OMB) rule. Smaller practices might consider offering and documenting response at time of scheduling to help plan staffing (with understanding patient may change their mind at time of visit).
- Document exclusions to the measure (history of Total Abdominal Hysterectomy (TAH), "no cervix" in trans female patients) so people do not receive reminders when screening is not appropriate for them.

Facts about cervical screening

- Cervical screening is one of the best ways to reduce the risk of cervical cancer.
- Cervical screening looks for conditions that may lead to cervical cancer which can be detected years before cancer develops. Screening is a way of preventing cancer from developing.
- Cervical screening cannot detect ovarian cancer.
- Screening is completely confidential.

ACHIEVING EQUITY AND INCLUSION

A history of trauma can impact a patient's decision to delay or refuse cervical screening and can affect pap screening experiences. Applying a trauma-informed approach to cervical cancer screening may help address barriers among people who avoid, delay, or refuse the exam.

- Train health care providers in trauma informed care.
  - National Coalition for Sexual Health Clinician Guide for Trauma-Informed Health
- The US Food and Drug Administration (FDA) is currently reviewing the evidence to consider approval of self-collection of vaginal samples that can be done at home and sent for HPV testing.[3]

We acknowledge this toolkit uses language that is centered around cisgender women. Many organizations responsible for evidence-based guidelines are moving towards more inclusive language, as is LHP. Until appropriate updates have been made, we offer these considerations for your transgender patients:

[2] Jo's Cervical Cancer Trust
[3] National Cancer Institute Cervical Cancer 'Last Mile' Initiative

- Insurance payors vary in their capacity to appropriately capture sex assigned at birth versus gender identity. This may cause patients to be inappropriately added or omitted from the denominator of the cervical cancer screening measure.
- EHRs vary in their capacity to appropriately capture sex assigned at birth versus gender identity. Discuss with your vendor what options are available to capture these demographics for your patients and ask how the health reminders available interact with these fields to help ensure anyone with a cervix will be offered screening.
- Transgender men or non-binary patients with cervixes may have unique barriers related to body dysmorphia or previous negative healthcare experiences. Making sure clinicians and staff have received training in gender affirming language and other considerations for your transgender patient can go a long way to make them feel comfortable seeking appropriate care.[4]
- Train health care providers in sexual and gender minoritized health.
    - National LGBT Health Education Center Guide for Health Care Staff

Process & workflow

LHP's Quality & Performance Improvement team is available to assist with workflows and tailored strategies for your clinic and your EHR. Email LHP to request assistance.

Here are standard workflows and best practices that are recommended:

- Review cervical cancer screening guidelines[5] available to determine appropriate treatment or follow-up.
    - Recommendations for Routine Cervical Cancer Screening
    - Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors
- Use your performance measure dashboard in Power BI to review current performance and review gap lists. Recommend screening to patients who are overdue.
- Use systems in your EHR to set up reminders for practice recall. Call patients who are overdue soon to schedule a visit.
- If you are looking for a women's healthcare practice to help with yearly screening for your LHP patients for Pap testing and HPV, use the Provider Directory so you know where to refer within the LHP network. Close the referral loop to ensure the patient completes their recommended screening.
- If you use Epic as your EHR, use the Pap Tracker tool. This tool allows the provider to enter results, recommended follow-up, and sets clear expectations for next steps. Staff can use reports that pull directly from this tool for outreach on next steps and follow-ups.
- Use shared decision-making tools or risk calculators to help patients understand risk factors and their screening options.
    - ASCCP (American Society for Colposcopy and Cervical Pathology) Management Guidelines App
    - Cancer Care Ontario My Cancer IQ Risk Tool

[4] AMA Journal of Ethics
[5] The American College of Obstetricians and Gynecologists

- Use scripting/talking points reviewed for health literacy and inclusive language when describing screening results (normal or abnormal) to patients. Below are examples of language to use.[6] When discussing test results, it is also helpful to discuss when the patient should return for other preventive health screenings.

HPV Test Results

- "A negative HPV test result means that high-risk HPV was not detected or below the pre-set threshold. Continue your routine healthcare appointments with your clinician and your next cervical cancer screening will be in 5 years unless you've had a previous abnormal result, in which case, you may need to repeat testing earlier."
- "A positive HPV test result means that high-risk HPV was detected and above the pre-set threshold. It does not necessarily mean you have cervical cancer. [Recommend next steps based on specific result]."
- "You may have a positive test result after multiple negative HPV tests. If you have a new sexual partner, then it is likely a new infection. However, if you are not sexually active or if you are in a monogamous relationship, a previous HPV infection may be active again. There is no way to differentiate a new infection from an old, reactivated infection."
- "If your HPV test is neither positive nor negative, the lab sample may not have had enough cells or there may have been an error processing the sample, and you may need to repeat the test."
- "HPV test results take 1 to 3 weeks to process. If you don't hear from your health care provider, call and ask for your test results. Make sure you receive your results and schedule any necessary follow-up visits."

Pap Test Results (i.e., "cervical cytology")

- "A normal test result may also be called a negative test result, and it means no further action is needed at this time. In addition to your routine visits with your clinician, you will come back for your next cervical cancer screening in 3 years if a Pap test alone was done or in 5 years if a Pap test and HPV were done together and both are normal. If you had an abnormal result in the past, you may need to come back sooner."
- "An abnormal or 'positive' result does not mean you have cervical cancer. It means further follow-up testing is needed. [Recommend next steps based on specific result]."
- "If you had an unsatisfactory result, the lab sample may not have had enough cells or there may have been an error processing the sample. Usually, you will need to repeat the test."
- "Pap test results take 1 to 3 weeks to process. If you don't hear from your health care provider, call and ask for your test results. Make sure you receive your results and schedule any necessary follow-up visits."

[6] Health Resources and Services Administration, Office of Women's Health

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