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THE HEALTH ALLIANCE OF NORTHERN CALIFORNIA

Quality Improvement Storyboard

Shingletown Medical Center
Cervical Cancer Screening, PDSA Cycle 2

Brief synopsis of Cycle 1: This storyboard provides information on an improvement project conducted by Shingletown Medical Center in collaboration with Partnership HealthPlan of California (PHC) staff. The first PDSA cycle tested member outreach to increase cervical cancer screening rates among eligible PHC members. In this test, PHC conducted outreach to Shingletown patients to offer an appointment for screening. Shingletown found that patients were not responsive to outreach calls performed by PHC. Staffing changes resulted in reduced appointment availability, impacting the test of change. Cycle 1 improvement: baseline: 38.41% to result: 42.19%.

Aim: To increase the rate of Cervical Cancer Screening (CCS) exams performed on PHC members assigned to SMC by 10% in women ages 21 to 64 years of age, from a baseline of 42.19% to 52.19%. The baseline of 42.19% [119/282] was established as of November 2016.

Plan

Measures:

- Outcome Measure: % of Partnership Healthplan female members ages 21-64 with completed timely Cervical Cancer Screening. Baseline from November 2016: **42.19%** [119 /282]
- Process Measure: Number of CCS exam appointments made
- Process Measure: Number of CCS exam no-shows
- Process Measure: Number of CCS exams completed

Prediction:

- Through targeted outreach by clinic staff and the timely availability of appointments, both established and non-established PHC members will understand the importance of screening and be encouraged to visit provider to complete screening. As a result, improved CCS rates are expected to be seen at Shingletown Medical Center.

Do

Changes Being Tested:

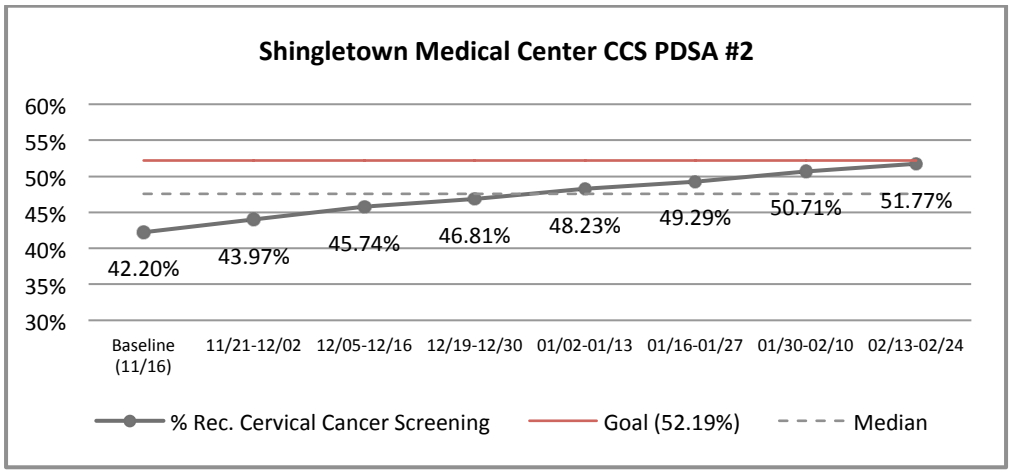
The second cycle PDSA was launched on November 17, 2016. The project tested the following changes:

- Identify the list of members, women ages 21-64, who do not have a current CCS on record.
- Assign a clinic staff member from the care team to which the patient is empaneled to conduct outreach by phone and schedule a CCS appointment. Monitor scheduling to ensure that there are timely appointments available to patients contacted for CCS visits.
- Add CCS to an unrelated, scheduled appointment (Max-Pack appointment)
- Conduct call-back outreach to patients who did not show for a scheduled CCS appointment to reschedule.

Study

Results:

This intervention was very successful with the outcome (51.77%) falling near but just short of the goal (52.19%).



- Outcome Measure: % of Partnership HealthPlan female members ages 21-64 with completed timely Cervical Cancer Screening (CCS) **51.77%** [146/282] (see chart above). This reflects an increase in the percentage of patients screened of 9.57%, just under the goal of 10% improvement.
- Process Measure: Number of CCS exam appointments made (N=64)
- Process Measure: Number of CCS exam no-shows (N=37; 57.8%)
- Process Measure: Number of CCS exams completed (N=27; 42.1%)
- Improvement in the outcome measure was attributed to the following factors:
  - An accurate member list was available to assist in identifying members in need of care
  - Targeted outreach was completed by staff from member's assigned clinical team
  - Robust member contact practices with next-day no-show follow-up were employed
  - Appointment pre-planning identified members that were due for screening but were being seen for unrelated care. Providers used statements such as, "We will be completing your PAP today in addition to ____(insert intended appt. purpose)".

Act

Future Plans:

Shingletown plans to continue use of the strategies discussed in a continued effort to seek improvement in screening rates. Some important learnings from this PDSA Cycle that will inform future efforts. The diligent and improved effort to contact members and schedule appointments proved effective, however the no-show rate climbed to 58%. This must be considered as Shingletown integrates these strategies into practice. It was also determined that Partnership HealthPlan members had a higher no-show rate than patients with private insurance. Additional patient education strategies may be of interest in future PDSA cycles.