Cervical Cancer Screening

Impact of Cervical Cancer in Rural Northern California

- Overall, women in rural areas have significantly higher cervical cancer incidence[1] and mortality[2] than those in urban areas.
- These disparities may be due to a range of factors including variations in cervical cancer screening rates, health insurance coverage, income level, or access to a routine/consistent source of health care.
- Women who are uninsured or have no routine/consistent source of care are less likely to be up-to-date on their cervical cancer screening[3].
- Routine cervical cancer screening with the Pap test can identify precancerous lesions or cancer in the early stages when treatment is most effective.
- Between 60% and 80% of women with advanced cervical cancer have not had a Pap test in the past five years[4].
- HPV causes almost all cases of cervical cancers[5]. Encouragingly, within just 6 years of vaccine introduction in 2006, there was a 64% decrease in vaccine type HPV prevalence among females aged 14 to 19 years and a 34% decrease among those aged 20 to 24 years[6].

How Health Centers Provide the Necessary Care

Clinical Interventions

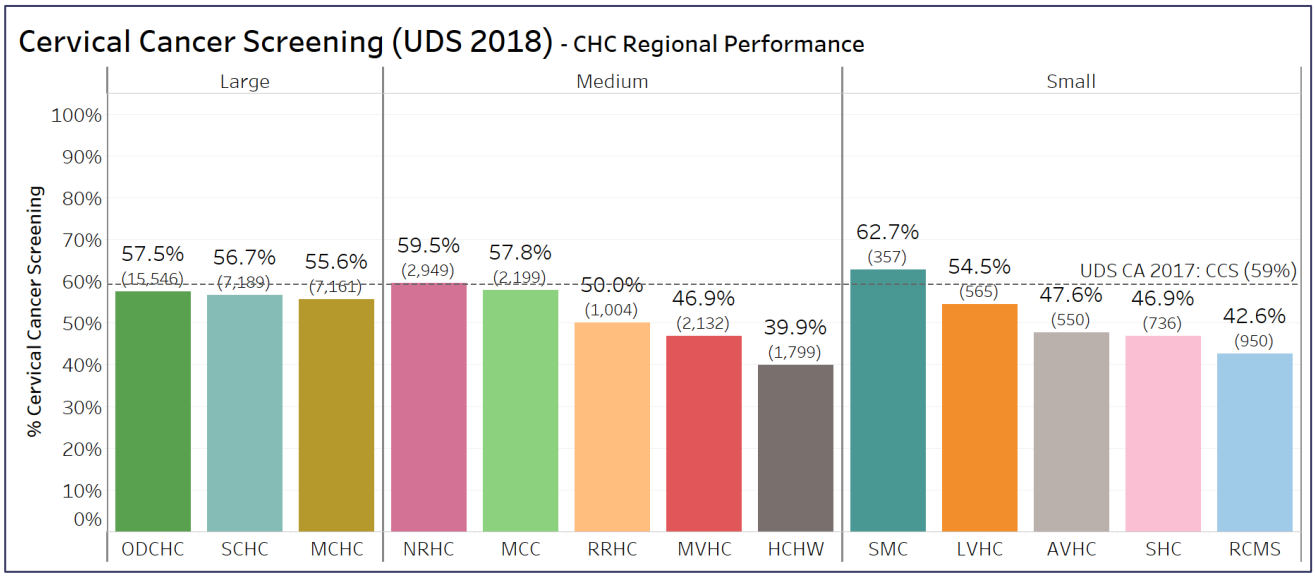
- Remind patients through postcards, text messages, or phone calls that it is time for their cervical cancer screening.
- Collect and report data within the health center on provider performance in offering cervical cancer screening to patients.
- Offer women's health fairs or days and provide free cervical cancer screenings and educational materials.
- Provide transportation support to assist women in getting to their screening appointment.
- Provide adolescents and young adults with the HPV vaccine to reduce their risk of HPV infection or for females reducing their risk of developing cervical cancer.
- Access the Partnership HealthPlan of California Cervical Cancer Screening Driver Diagram online.
- Run community-sponsored media campaign to highlight the importance of cervical cancer screening and educate women on the current clinical guidelines.

[1] Benard, V. B., Coughlin, S. S., Thompson, T., & Richardson, L. C. (2007). Cervical cancer incidence in the United States by area of residence, 1998–2001. Obste Gynecol, 110(3), 681–686.
[2] Singh GK. (2012). Rural-Urban Trends and Patterns in Cervical Cancer Mortality, Incidence, Stage, and Survival in the United States, 1950-2008. J Community Health, 37(1), 217-223.
[3] Klabunde, PhD, Carrie N. et. al. (2012). CDC Morbidity and Mortality Weekly Report (MMWR), vol.61; no.3 January 27, 2012.
[4] American Cancer Society (2011). Cancer Prevention & Early Detection Facts & Figures 2011. Accessed online.
[5] Klabunde, PhD, Carrie N. et. al. (2012). CDC Morbidity and Mortality Weekly Report (MMWR), vol.61; no.3 January 27, 2012. (Table 3)
[6] Markowitz LE, Liu G, Hariri S, et al. (2016). Prevalence of HPV After Introduction of the Vaccination Program in the United States. Pediatrics. 2016;137(2):e20151968.

Rural Northern California Health Center Data

Key Points

- Clinical screening guidelines have lengthened the interval between screenings. Because of this, women may not remember when their Pap tests are due. This heightens the importance of patient reminders.
- Some women in rural Northern California receive cervical cancer screenings through their local Planned Parenthood or other women's health clinic. Challenges with data sharing may lead to incomplete patient health records at the health center.
- Some women with a hysterectomy no longer require regular Pap tests. Medical records must be updated to reflect medical history.



Quality Measure Definitions (UDS)

Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21*-64 who had cervical cytology performed every 3 years
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

*Data collected for women with initial age of 23 given 2 year look back period.

National and State Quality Benchmarks

UDS 2017 CA Average: The average performance among health centers in California for 2017 was 59.2%.

Relative Improvement Threshold for QIP Measurement Year 2019: 60.10% represents the 50th percentile nationally for Medicaid Health Plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.

AVHC – Anderson Valley Health Center; HCHW – Hill Country Health and Wellness Center; LVHC – Long Valley Health Center; MCC – Mendocino Coast Clinics; MCHC – MCHC Health Centers; MVHC – Mountain Valley Health Center; NRHC – Northeastern Rural Health Clinics; ODCHC – Open Door Community Health Centers; RCMS – Redwood Coast Medical Services; RRHC – Redwoods Rural Health Center; SCHC – Shasta Community Health Center; SHC – Shasta Cascade Health Centers; SMC – Shingletown Medical Center; STHS – Southern Trinity Health Services.