

Cervical Cancer Screening

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Cervical cancer is one of the most preventable forms of cancer when screening is completed according to recommended guidelines. Women living in rural communities experience higher rates of cervical cancer incidence and mortality than those in urban areas. Delayed screening, transportation barriers, limited access to women's health services, and challenges navigating the healthcare system can contribute to these disparities.

Routine cervical cancer screening with the Pap test can identify precancerous lesions or cancer in the early stages, when treatment is most effective. More than half (51.4%) of cervical cancer cases in California are diagnosed at an advanced stage, and most (56%) occur among women who have not had a Pap test in the past three years.

Improving cervical cancer screening can reduce preventable illness and death while advancing preventive care, health equity, and population health goals.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Primary Prevention	HIGH

Cervical Cancer Screening is a high-leverage quality measure that aligns across multiple quality measurement systems. Improvement efforts can simultaneously support federal reporting, managed care quality performance, provider incentive programs, and population health initiatives.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned eligible patients have an open cervical cancer screening care gap?	Key question: When eligible patients are seen in the clinic, are we consistently offering cervical cancer screening?
COMMON STRATEGIES • Patient outreach and reminders • Registry management • Care gap reports • Health fairs or screening days	COMMON STRATEGIES • Pre-visit planning • Clinical reminders • Standing orders • Reliable documentation and data capture

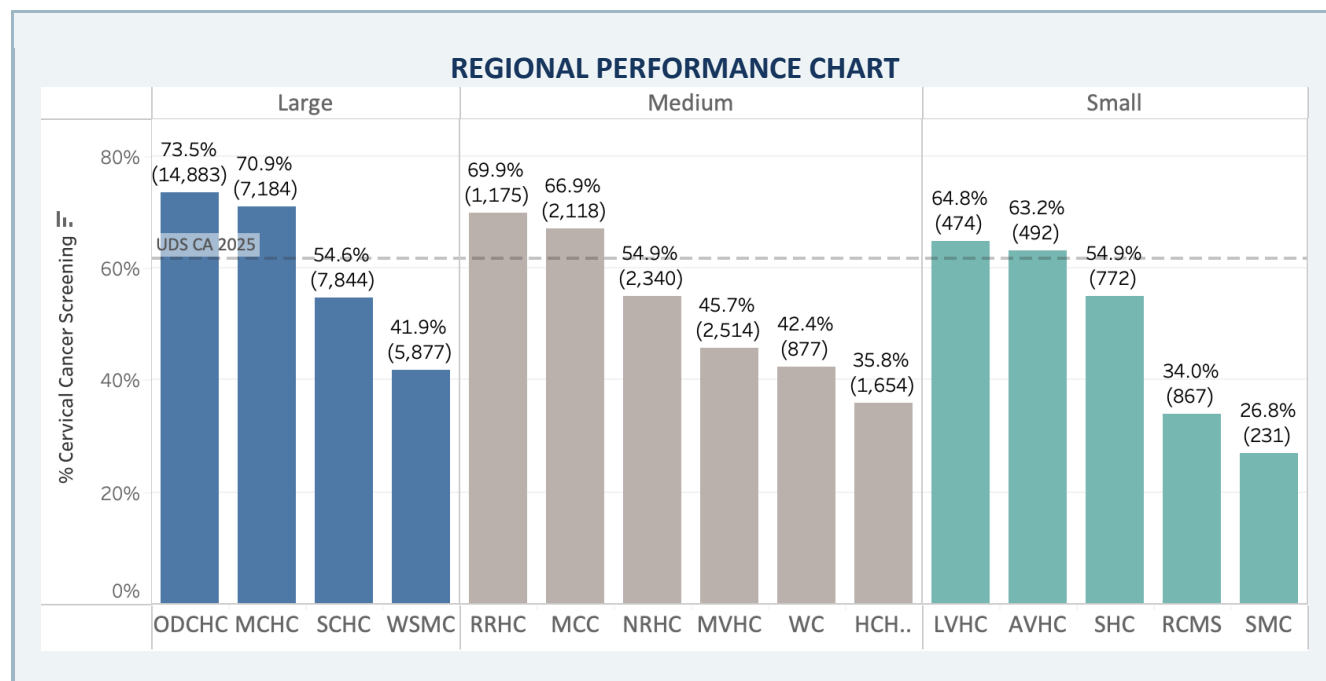
Strategic takeaway: Strong performance requires both proactive outreach to patients who are overdue and reliable clinical processes that reduce missed opportunities during visits.

Rural Northern California Performance

Regional Insights

- Clinical guidelines have lengthened the interval between screenings. Patients may not know when they are due, making reminders important.
- Patients may receive screenings outside their assigned primary care provider, creating documentation and data-capture challenges.
- Accurate documentation of hysterectomy status is essential for appropriate denominator management.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are gaps concentrated among particular patient populations or clinic sites?
- Are screenings completed outside the health center being captured reliably?
- Should Cervical Cancer Screening be considered an enterprise quality improvement priority?

Quality Measure Definition (UDS)

Percentage of women 21*–64 years of age who were screened for cervical cancer: women age 21*–64 who had cervical cytology every 3 years, or women age 30–64 who had cervical cytology/HPV co-testing every 5 years. *Data collected for women with an initial age of 23, given the 2-year look-back period.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 61.7% US UDS 2025: 57.0%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.