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# Educating Patients on Screening Guidelines and Expectations for Well-Woman Examinations

Cyrus Maxim Jalai  
*University of Vermont*

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# Educating Patients on Screening Guidelines and Expectations for Well- Woman Examinations



## **Cyrus M. Jalai**

Private Practice of Theodore Blum, MD

Bethel, CT

Family Medicine Rotation #6 (December 2018-January 2019)

Mentor: Theodore J. Blum, MD

# Problem Identification and Description of Need

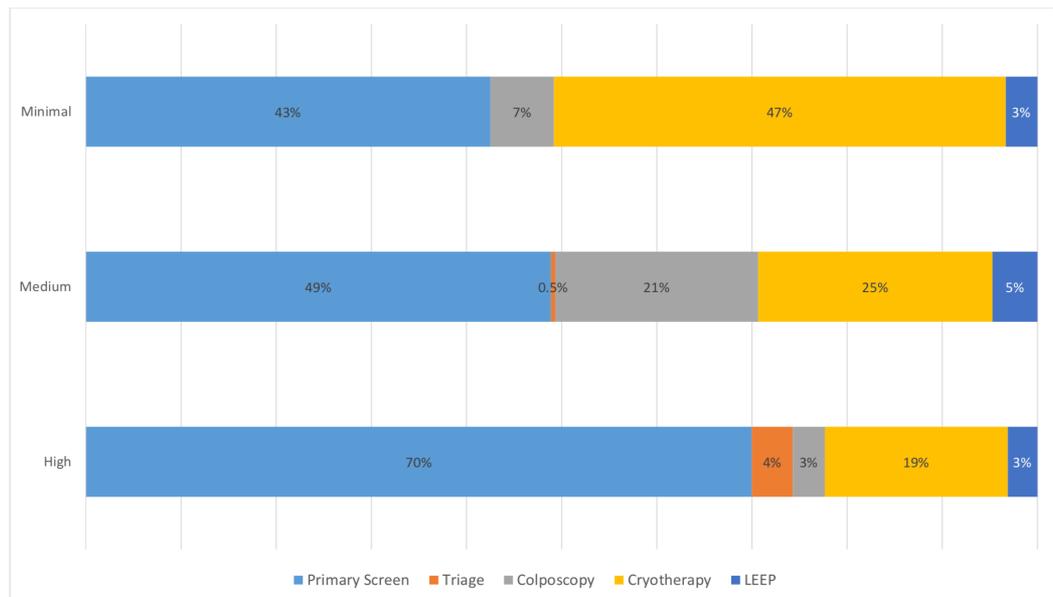
- ▷ In order to provide optimal and effective preventative care to represented populations, it is crucial for providers to be aware of newly-updated screening and vaccination guides – particularly when they may be expected to provide OB/GYN services, such as in a rural setting.
- ▷ Data has suggested that family medicine obstetricians are skilled at providing full obstetrical service, comparable to OB/GYN-specific training, extending to instrumental and caesarian deliveries<sup>1,2</sup>; these data highlight the utility of family medicine physicians working independently without OB/GYN backup in rural and underserved areas.
- ▷ Annual well-women exams for gynecologic screening have long been established as a cornerstone component of women's health care, with scheduled annual gynecologic exam and cervical cancer screenings as integral to the visit.<sup>3</sup>
- ▷ Despite established techniques and practices, guidelines shift continually to optimize patient care according to evidence-based medicine, making routine screening practices confusing for patients
- ▷ **Goal:** develop a screening pamphlet for annual female well-women visits taking place at Dr. Blum's Family Practice in Bethel, CT as an educational resource for patients with/without an adjunct OB/GYN
  - Survey includes information on:
    - **General health measures**
    - **Infectious diseases**
    - **Cancers**

# Public Health Cost

- ▷ It has been estimated that HPV vaccination of young girls and cervical cancer screening for women aged 35 years can be provided for an average cost of \$2.5 billion.<sup>4</sup>
- ▷ Projection models have calculated that a 10-year roll-out of HPV vaccination from 2015-2024 could avert as many as 4.8 million cases and 3.3 million deaths from cervical cancer.<sup>4</sup>

- ▷ Breast cancer also retains cost-effectiveness, despite potential for overdiagnoses and unnecessary radiation exposure.<sup>5</sup>

Figure 1. Distribution of cervical cancer screening, diagnostic, and preventive treatment costs for three scenarios.



# Provider Perspective

- ▷ **Dr. Blum, MD**; Family Practitioner, Bethel, CT
  - I spoke with Dr. Blum about his female patient population and the common obstetric and gynecologic complaints he encounters, and his comfort level in managing them as a family practitioner
  - “In my practice, my younger female patients tend to follow with a GYN more often compared to older patients whose OB/GYN complaints I manage”
  - “Do you need to see a GYN without active issues and not going to have pregnancy? Probably not; I feel that it is within my realm of expertise and training to manage common complaints and apply appropriately updated guidelines”
  - “I tend to refer out to an OB/GYN for the following conditions, that I don’t feel comfortably managing independently: suspicion of malignancy, recurrent GYN infections, concerns with infertility, second opinion for diagnosing PCOS, pelvic pain unresponsive to treatment”

# Provider Perspective (cont.)

- ▷ **Tricia Sousa, MA;** Bethel, CT
  - “I’d estimate about 40-45% of our patients undergoing well-women exam’s use the family practitioner to evaluate common obstetric and gynecologic complaints. These patients also tend to be on the older side, mostly seniors”
  - “Many of the OB/GYN complaints we see are questions about screening procedures, and less complicated acute conditions, such as abscesses or cysts”
  
- ▷ My takeaway: female patients that have been following with Dr. Blum for longer periods of time feel comfortable with his managing their medical and OB/GYN complaints. For a well-woman examination without acute obstetric or gynecologic complaints, a family medicine practitioner is well-equipped to provide routine screening and general health recommendations.

# Intervention and Methodology

- ▷ Dr. Blum provides annual well-woman visits for established patients, some of whom do not follow regularly with an adjunct OB/GYN for gynecologic evaluation.
- ▷ Therefore, this private practice served as an effective site for educational intervention for women to learn about required screenings at annual well-women visits.
- ▷ I created a front-and-back trifold pamphlet (**next two slides**) that included screening methodology for general health measures, infectious diseases, and cancers, based on patient age at time of visit. These were drawn from the complaints and questions I saw brought up most frequently during Dr. Blum's well-woman examinations.
- ▷ Established guidelines were drawn and summarized from ACOG, USPSTF, and WPSI.<sup>5-7</sup>
- ▷ This informational handout was printed and distributed to female patients visiting Dr. Blum's office for their annual well-woman examination, and posted in the front office.



General  
Health

Infectious  
Diseases

Cancers

GENERAL HEALTH	INFECTIOUS DISEASE	CANCER
<p><b>Alcohol, Blood Pressure, Depression, Tobacco, Obesity screening</b> All adult patients <b>Alcohol screen, blood pressure checks, Practitioner discussion/evaluation</b></p>	<p><b>Gonorrhea &amp; Chlamydia, HIV</b> New/multiple sex partner(s), inconsistent condom use, previous/coexisting STI, exchanging sex for money/drugs <b>Urine nucleic acid amplification test</b></p>	<p><b>Breast Cancer</b> Decisions about screening are made on an individual basis though shared decision-making process <b>Various recommendations: starting at ages 50-75 = mammogram every 2 years ; age 40+ = mammogram every year</b></p>
<p><b>Diabetes screening</b> All &gt;35, Overweight/obese at 40-70 years <b>A1C, fasting glucose, tolerance test</b></p>	<p><b>Hepatitis B</b> HIV-positive, foreign born with prevalence &gt;8%, injection drug users, sexual partners with infection <b>Serology</b></p>	<p><b>Cervical Cancer/HPV</b> All adult patients, additional risk factors (HIV, in-utero exposure to DES, prior precancerous lesions, immunosuppression) <b>Ages 21-29 = cervical cytology</b> <b>Ages 30-65 = cervical cytology every 3Y or cervical cytology + HPV every 5Y</b></p>
<p><b>Folic acid supplementation</b> Sexually active, planning or capable of pregnancy <b>Practitioner discussion/evaluation</b></p>	<p><b>Hepatitis C</b> Adults born 1945-1965, current/past injection drug use, blood transfusion before 1992, percutaneous exposure <b>Serology</b></p>	<p><b>BRCA risk assessment</b> Based on personal and familiar history of breast, and ovarian cancer in first degree relatives, high-risk ethnicity (Eastern or Central European Jewish), history of breast cancer &lt;45 years, close relatives with pancreatic or prostate cancer <b>Genetic testing</b></p>
<p><b>Interpersonal Violence screening</b> Women of child-bearing age and special populations (adolescents, immigrants, disabled, elderly) <b>Practitioner discussion/evaluation</b></p>	<p><b>Syphilis</b> HIV-positive, high prevalence community/population, history of incarceration, exchanging sex for money/drugs <b>Serology (VDRL/RPR)</b></p>	
<p><b>Osteoporosis screening</b> 10-year fracture risk equivalent to 65-year old based on risk factors (race, smoking, alcohol use, weight) <b>DEXA scan, FRAX assessment</b></p>	<p><b>Latent tuberculosis</b> Countries with increased prevalence, high-risk congregate settings, immunosuppressed, high-risk employment, exposure to TB <b>Tuberculin skin test (TST)</b></p>	
<p><b>Urinary incontinence screening</b> All women &gt;18 and if postpartum <b>Practitioner discussion/evaluation</b></p>		

# Handout (Side B)

		18-21	22-39	40-49	50-64	65-74	75+
GENERAL HEALTH	Alcohol	✓	✓	✓	✓	✓	✓
	BP	✓	✓	✓	✓	✓	✓
	Depression	✓	✓	✓	✓	✓	✓
	DM			✓	✓	✓	
	Folic Acid		✓	✓	✓		
	IPV	✓	✓	✓	✓	✓	✓
	Obesity	✓	✓	✓	✓	✓	✓
	Osteoporosis					✓	✓
	Smoking	✓	✓	✓	✓	✓	✓
	Incontinence		✓	✓	✓	✓	✓
INFECTIOUS DISEASE	G & C	✓	✓ (≤24)				
	HIV	✓	✓	✓	✓	✓	✓
	HepB						
	HepC				✓	✓	
	Syphilis						
	TB						
CANCER	Breast				✓	✓	
	Cervical	✓ (≥21)	✓	✓	✓	✓ (≤65)	
	BRCA Risk				✓	✓	✓

# Evaluation of Effectiveness and Limitations

## ▷ **Effectiveness:**

- The pamphlet provides a simplified overview of common obstetric, gynecologic, and common medical screening procedures for basic patient education. This was found to be educational for the office workers and patients alike
- Evaluation of effectiveness would stem from longitudinal follow-up from patients to see if they found the chart useful in tracking their screenings
- Surveying specific complaints that required referral to OB/GYN could be useful for the family practice to better understand the patient population and its needs

## ▷ **Limitations:**

- The pamphlet is limited in space for the volume of specifics and at-risk populations
- The information is not meant to supplant OB/GYN visitation; rather, to act as an adjunct
- As this pamphlet functions as an annual metric, there was not sufficient time to apply its effectiveness as a longitudinal tool in this 5-week clerkship
- This pamphlet is not meant to be exhaustive, and topics such as contraception methods and pregnancy-related complaints should be evaluated and discussed with other metrics

# Recommendations for the Future

- ▷ Work to coordinate care with local practicing OB/GYN's in the Bethel-Danbury area for higher-risk patients
- ▷ Encourage continued education of Dr. Blum's patient population for higher-risk conditions, and situations where following with an OB/GYN may be more prudent, based on symptomatology
- ▷ Integrate the pamphlet into patient electronic medical records so that it could be made automatically available for female patients of specified age groups
- ▷ Standardize the pamphlet for other private practice Family Medicine offices for display or patient use during health maintenance exams
- ▷ Create a longitudinal version of the pamphlet, so that patients can individually track annual progress on their health maintenance affairs, such as mammography and cervical cancer screenings

# References

1. Hueston WJ. Variations Between Family Physicians and Obstetricians in the Evaluation and Treatment of Preterm Labor. *J Fam Pract.* 1997;45:336-340
2. Tong STC, Makaroff LA, Xierali IM, Parhat P, Puffer JC, Newton WP, Bazemore AW. Proportion of Family Physicians Providing Maternity Care Continues to Decline. *J Am Bd Fam Med.* 2012;25(3):270-71.
3. Sawaya, G. F. (2015). Re-envisioning the annual well-woman visit: e task forward. *Obstetrics & Gynecology*, 126(4), 695–696. doi:10.1097/ AOG.0000000000001079
4. Campos NG, Lince-Deroche N, Chibwasha CJ, Firnhaber C, Smith JS, Michelow P, Meyer-Rath G, Jamieson L, Jordaan S, Sharma M, Regan C, Sy S, Liu G, Tsu V, Jeronimo J, Kim JJ. Cost-Effectiveness of Cervical Cancer Screening in Women Living With HIV in South Africa: A Mathematical Modeling Study. *J Acquir Immune Defic Syndr.* 2018 Oct 1;79(2):195-205. doi: 10.1097/QAI.0000000000001778.
5. Morton R, Samya M, Sura MS. Economic analysis of the breast cancer screening program used by the UK NHS: should the program be maintained? *Breast Cancer (Dove Med Press)* 2017; 9: 217–225. Published online 2017 Mar 24. doi: 10.2147/BCTT.S123558 PMID: PMC5373833
6. <https://www.uspreventiveservicestaskforce.org>. Accessed January 11<sup>th</sup>, 2019.
7. “Well Woman Recommendations”. <https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations?IsMobileSet=false>. Accessed January 11<sup>th</sup>, 2019.
8. “WPSI Recommendations for Well-Women Examinations.” [https://www.womenspreventivehealth.org/wp-content/uploads/2018/12/Final-Clinical-Summary-Tables\\_10.16.18.pdf](https://www.womenspreventivehealth.org/wp-content/uploads/2018/12/Final-Clinical-Summary-Tables_10.16.18.pdf). Accessed January 13<sup>th</sup>, 2019.

# Interview Consent Form

- ▷ Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.
- ▷ Yes  / No   
If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.  
Name: Theodore Blum MD
- ▷ Yes  / No   
If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.  
Name: Tricia Sousa MA