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Pap Smear Compliance Study at EMMC, Bangor Maine

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Increasing Patient Understanding & Provider Awareness of Pap Smears

EMMC Center for Family Medicine, Bangor ME

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Problem Identification

- ▶ Despite a 50% decrease deaths caused by cervical cancer over the last three decades due to the increased rate of pap smear, the estimated number of new cases of cervical cancer for 2016 is **12,990** and the estimated number of deaths due to cervical cancer for 2016 is **4,120** (1)(2).
- ▶ In the state of Maine, the estimated rate of cervical cancer incidence for 2016 is **6.1** per 100,000 (3)
- ▶ The 5-year survival rate for patients with cervical cancer is **68%**, while the 10 years survival rate is **64%**. However, when detected at an early stage, the 5-year survival rate for women with invasive cervical cancer is **92%** (5).
- ▶ Given that Pap smears are an extremely low risk screening tool with nearly **100%** sensitivity when combined with HPV testing, encouraging patient compliance is essential for effective screening (4).

Public Health Cost

The number one risk of being non-compliant with Pap smear guidelines is cervical cancer.

- ▶ There is no specific data for Maine in regards to the cost of Cervical cancer. However, it is expected that the cost difference between treating in-situ cervical cancer and metastatic cancer is tremendous (6). Also, it is expected that higher grade cervical cancer requires more treatment & longer follow up.
- ▶ Examples of the financial burden of cervical cancer (6):
 - ▶ According to a study done in by a North Carolina Medicaid program with **207** Medicaid beneficiaries diagnosed with cancer and **414** controls.
 - ▶ Total Medicaid costs at 6 months after the diagnosis were **\$3,807**, **\$23,187**, **\$35,853**, and **\$45,028** for **in situ**, **local**, **regional**, and **distant cancers**, respectively.
 - ▶ The incremental cost of cancer treatment for local and regional cancers was **\$13,935** and **\$26,174** and by 12 months increased to **\$15,868** and **\$30,917**, respectively.

Community Perspective

- ▶ Dr. Robin Pritham, MD
- ▶ Dr. Kristin Thorn, DO
- ▶ What are ways providers can make women more comfortable during pap smears, especially with women with a history of trauma?
 - ▶ RP: Building a good trust relationship, having a same gender chaperone or a resident
 - ▶ KT: Explain the rationale first, make good eye contact, let the patient know that it can be stopped anytime, inform the patient every step, and being gentle during the exam
- ▶ What are some misconceptions patients seem to have about pap smears?
 - ▶ RP: "I can't say there is any misconceptions, but I have seen some patients being naïve in regards to to the concept of pap smears."
 - ▶ KT: "People think that a pap smear is a test for everything related to female anatomy. The patients do not know the differences between endometrium, cervix and ovary."
- ▶ What are some reasons patients refuse pap smears?
 - ▶ RP: "I think it is very complicated. Other parts of patients' lives take priority, such as financial difficulties and careers. Without a reminder, patients will forget especially when the screening is once a year".
 - ▶ KT: "Fear of cancer is an issue. Some patient do not want to know if they have cancer or not. Also, some patients dislike the procedure itself.

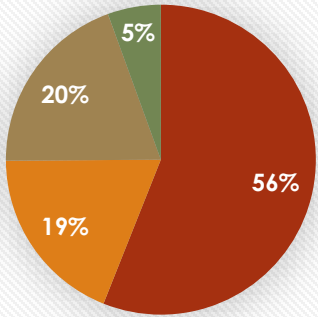
Intervention Methodology

- ▶ Goal
 - ▶ To analyze compliance with USPSTF guidelines for pap smears in patients at EMMC Center for Family Medicine & increase rates through informational pamphlet
- ▶ Methodology
 - ▶ Retrospective chart review is performed to accurately gauge Pap smear compliance rate at EMMC Center for Family Medicine
- ▶ Intervention
 - ▶ Education pamphlet about pap smears will be created not only to educate patient but also to educate providers at the office about patient concerns & effective means of increasing patient compliance and comfort

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Results

Compliance in Females Between the age of 30yr and 65yr



Out of 1963 patients between ages 30 and 65 years old:

56% of patients had received a pap smear in last 5 years (up-to-date)

20% of patients received have had pap smear but did not receive during last 5 years

19% of patients have no pap smear on record

5% of patients have unknown status of pap smear

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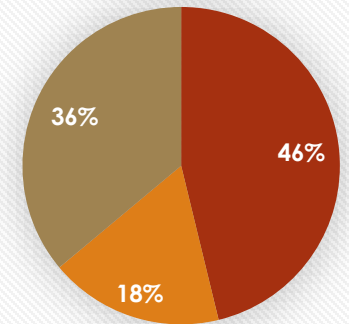
Out of 365 patients between ages 21 and 30 years old:

46% of patients had received a pap smear in last 3 years (up-to-date)

36% of patients did not receive pap smear at the office

18% of patients have had pap smear but did not receive during last 3 years.

Compliance in Females Between the age of 21yr and 30yr



Discussion of Results

- ▶ Approximately 50% of female patients at the office have been following USPSTF guidelines for pap smears, having received a pap smear in the last 3 or 5 years for women ages 21-29 and 30-65, respectively.
- ▶ 19% of patients ages 21-29 and 36% of patients ages 30-65 did not receive a pap smear from the office. Random chart sampling showed some of these patients had received pap smears elsewhere; however, most had no pap smear on record.
- ▶ 20% of patients ages 21-29 and 18% of patients 30-65 had received a pap smear in our office at some time in the past but were not currently up to date on their pap smears, i.e. had not had a pap smear in the last 3 or 5 years.

Effectiveness and Limitation

► Effectiveness

- Collected initial data report to explore need to increase pap smear compliance and assess system's ability to track patients' pap smear status
- Determined from the interviews with Health Care Providers at the office that many patients do not know exactly know what a pap smear is
- Created a pamphlet for health care providers and patients

► Limitations

- Without IRB approval, were unable to conduct interviews with patients
- Some patients received pap smears from other providers, which was not always documented in the chart
- Hysterectomy status was not considered as data search would not accommodate ICD codes as component of selection criteria

Recommendations

- ▶ Obtain IRB approval to conduct pre-screening interview and post-screening interview with patients to pinpoint patient's concerns and opinions regards to pap smear
- ▶ Gather more information from Maine Medicaid and/or Maine Care to accurately gauge the financial burden of patients with cervical cancer
- ▶ Reassess pap smear compliance a year later to see whether the pamphlet is effective
- ▶ Coordinate with local Ob/Gyn offices in the area to expand the project further
- ▶ Arrange a meeting for PCPs to share concerns and opinions that patients have towards to pap smear
- ▶ Have PCPs more clearly document patients' other primary health care providers in order to better coordinate pap smear compliance
- ▶ Conduct chart by chart research to accurately gauge patients' sources of pap smear

Reference

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2. American Cancer Society | Cancer Facts & Statistics. (n.d.). Retrieved June 15, 2016, from https://cancerstatisticscenter.cancer.org/?_ga=1.98326039.965384553.1464779725#/cancer-site/Cervix
3. Data source: North American Association of Central Cancer Registries (NAACCR), 2015 (state incidence)
4. Pap Smear vs. HPV Screening Tests for Cervical Cancer. (n.d.). Retrieved June 15, 2016, from <http://www.aafp.org/afp/2008/0615/p1740.html#>
5. *Cervical cancer status*, <http://www.cancer.net/cancer-types/cervical-cancer/statistics> (Prognosis of cancer)
6. *Cost of cervical cancer treatment: implications for providing coverage to low-income women under the Medicaid expansion for cancer care*. Subramanian S, Trogon J, Ekwueme DU, Gardner JG, Whitmire JT, Rao C. *Womens Health Issues*. 2010 Nov-Dec;20(6):400-5. doi: 10.1016/j.whi.2010.07.002.