Increasing Cervical Cancer Screenings
through Data Clean-up & PSDA Cycles
Redwood Community Health Coalition
Promising Practice

PROMISING PRACTICE OVERVIEW

Building on West County Health Centers' (WCHC) previous initiatives using Quality Watch Checklists and Action Plans, they have begun a significant amount of data clean-up to continue cervical cancer screening improvement. This screening measure remains an area of clinical focus for the health center.

Team-based PSDA cycles, through action plans, remain a positive tool for staff engagement, data literacy and correction, and best practice development. PSDA cycles allow staff to try out new methods and find best practices in a short amount of time with limited wasted resources. These cycles use bottom-up change allowing on the ground staff to decide when and how change is made.

AIM

To improve data accuracy in their electronic health record and increase screening rates, through data clean-up and team-based PSDA cycles.

MEASURES

WCHC Internal Measures:
- Cervical Cancer Screening measure includes all patients:
  - 24-64 years of age that identify as female and have had at least 1 primary care visit in the past 12 months with a pap in the last 3 years, or
  - 30-64 years of age that identify as female, have had at least 1 primary care visit in the past 12 months, and had a pap with HPV in the last 5 years.
  - Patients that identify as transgender are excluded and tracked separately. Patients who have had a hysterectomy are also excluded.
- One outcome measure is improved workflows for cervical cancer screenings.

Quality Watch Action Plan:

Team:
Data Current through:
Meeting Date:

Action Plan

Review last month's Action Plan
Did we improve? What did we learn? (what worked, what didn't and why)

Select a Quality Goal
What measure will we focus on this month? (pick 1)

Why is this measure important to our team?

Make a new Action Plan
What small change can we make that will result in an improvement? (Be specific. Who is doing what, when?)

Do we need any additional info or support? (data, workflows, etc.)

5-1-2018

RESULTS TO DATE

All clinical focus measures have been improving, including the cervical cancer screening rate. This is the result of data clean-up and team-based PSDA cycles. According to UDS reporting, WCHC improved from 52% in 2016 to 68% in 2017 with a current cervical cancer screening rate of 70% (10/2018).

ACTIONS TAKEN

Data Clean-up:
- Went through eClincialWorks, making sure patients were correctly assigned to their providers.
- Cleaned up UDS data and then had two volunteers review pap smear lab reports to ensure reporting was correctly in the EHR. This process continues as staff has regular access to data for review and clean up.
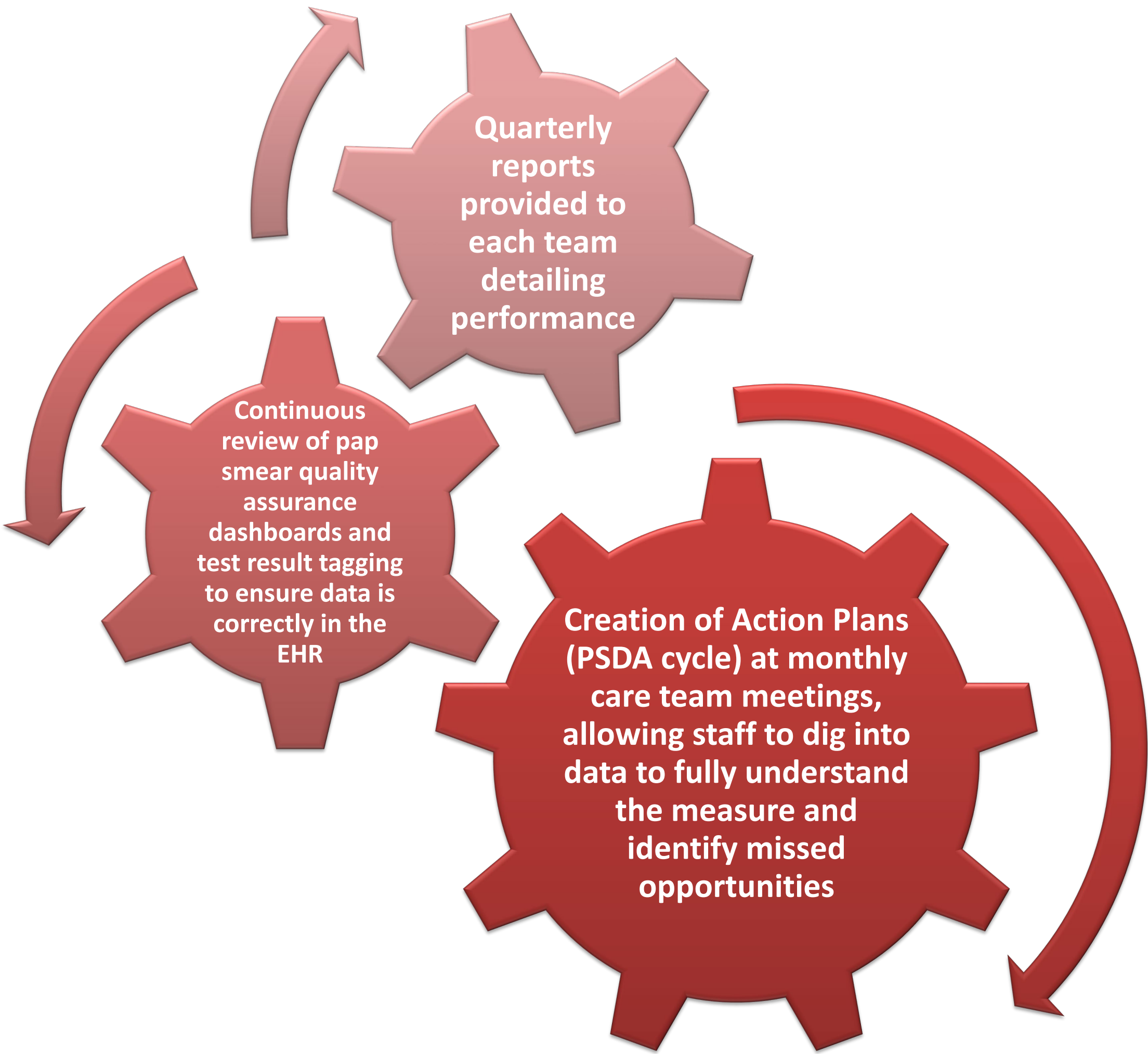
PDSA Cycles:
- Each of the 28 teams take 30 minutes during monthly Care Team meetings to create an action plan requiring *1. assessment of past efforts, 2. selecting a quality goal, and 3. building a new plan to improve measures.*

Other Actions:
- Partnered with a pathology service for processing pap smear labs. This allows the health center to have only one pap vial in the room, streamlining the process.
- Hosted a "Pap Spa Day" event, where their midwife gave pap smears. The event was not as successful as hoped, due to marketing. WCHC is planning additional "Pap Spa Days" in the future.

WORKFLOW

Quarterly reports provided to each team detailing performance

Continuous review of pap smear quality assurance dashboards and test result tagging to ensure data is correctly in the EHR

Creation of Action Plans (PSDA cycle) at monthly care team meetings, allowing staff to dig into data to fully understand the measure and identify missed opportunities

LESSONS LEARNED

- Measures can be positively improved in a significant way through data clean-up. Data literacy is also hugely important to improving measures.
- Their team model involves staff from all levels of the agency, allowing buy-in from senior managers and for quality improvement change to easily spread. Health Center Board investment is also crucial to encourage providers to implement the change.
- Building on the "Pap Spa Day" idea, the health center is planning a series of cervical cancer related events at the main clinic in Sebastopol using neck warmers, a treasure box (filled with fun items such as nail polish), and more, to make the experience more pleasant for patients.

UDS Measure: Cervical Cancer Screening

Numerator: Had either of the following: A pap test in the three years prior to the end of the measurement period (age 23 to 64 years) , a pap test and an HPV test on the same date of service in the five years prior to the end of the measurement period (age 30 to 64 years at the time of the test)

Denominator: Between 23 and 64 years of age during the reporting period, had at least one medical visit during reporting period, had a medical visit prior to 65th birthday, female.

Exclusion: had a hysterectomy and no residual cervix

Team:

Data Current through:

Meeting Date:

2018

Quality Check

4-25-2018

Provider

Colorectal Cancer Screening

Goal:	50%
Agency Result:	
Our Result:	

WCHC Clinical Priorities Dash / Colorectal CA Tab

Breast CA Screening

Goal:	60%
Agency Result:	
Our Result:	

WCHC Clinical Priorities Dash / Breast CA Tab

Hypertension

Goal:	75%
Agency Result:	
Our Result:	

WCHC Clinical Priorities Dash / Hypertension Control Tab

CTR

Cervical Cancer Screening

Goal:	75%
Agency Result:	
Our Result:	

WCHC Clinical Priorities Dash / Cervical CA Tab

Well Child Exams

Goal:	83%
Agency Result:	
Our Result:	

WCHC Clinical Priorities Dash / WCE Tab

CTMA

Depression Screening

Goal:	50%
Agency Result:	
Our Result:	

CTMA Dash / Depression 12 Months Tab

Tobacco Screening

Goal:	75%
Agency Result:	
Our Result:	

CTMA Dash / Tobacco Screen 12 Months Tab

Cessation Counseling

Goal:	75%
Agency Result:	
Our Result:	

CTMA Dash / Cessation 12 Months Tab

Nurse

PHASE on Aspirin

Goal:	75%
Agency Result:	
Our Result:	

PHASE Dash / On ASA Tab

Diabetic Care Plans

Goal:	90%
Agency Result:	
Our Result:	

Diabetes Dash / Clinical Outcomes Tab

Action Plan

Team:

Data Current through:

Meeting Date:

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Support for the Clinical Areas of Focus

Cervical Cancer Screening

Reportable to:

- Annual HRSA UDS Report
- Redwood Community Health Coalition Performance Improvement Program (PIP)
- Partnership HealthPlan Quality Improvement Program (QIP)

Workflows to know

The following workflows are important to know as they directly relate to the measure:

- CTMA Chart Prep Checklist
- Well Woman Exam Recall
- Hysterectomy documentation
- SOGI documentation
- Pap Lab documentation
- RN non-interfaced lab
- Deceased patient protocol
- Transfer Care protocol

Quality Assurance reports available

These data points and related dashboards can help your team clean up missing or incorrect data:

Quality Assurance on Pap Labs   **WCHC Clinical Priority Areas/ Pap QA**

These are Pap Labs that are not charted correctly and are not counting towards the cervical cancer measure.

Resources available

- Well Woman Exam Template
- Cervical Cancer Screening Awareness educational materials from PHP:

http://www.partnershiphp.org/Providers/Medi-Cal/Pages/Cervical-Cancer-Screening-Awareness.aspx

- CDC Educational materials:

https://www.cdc.gov/cancer/knowledge/

Measure definition

Active female patients aged 24-64 years old with at least 1 primary care visit in the past 12 months with a pap in the last 3 years or if 30-64 years of age a pap with HPV in the last 5 years. Patients marked transgender or with documentation of hysterectomy are excluded.

April 2017: first round monthly Quality Watch forms for Front Office

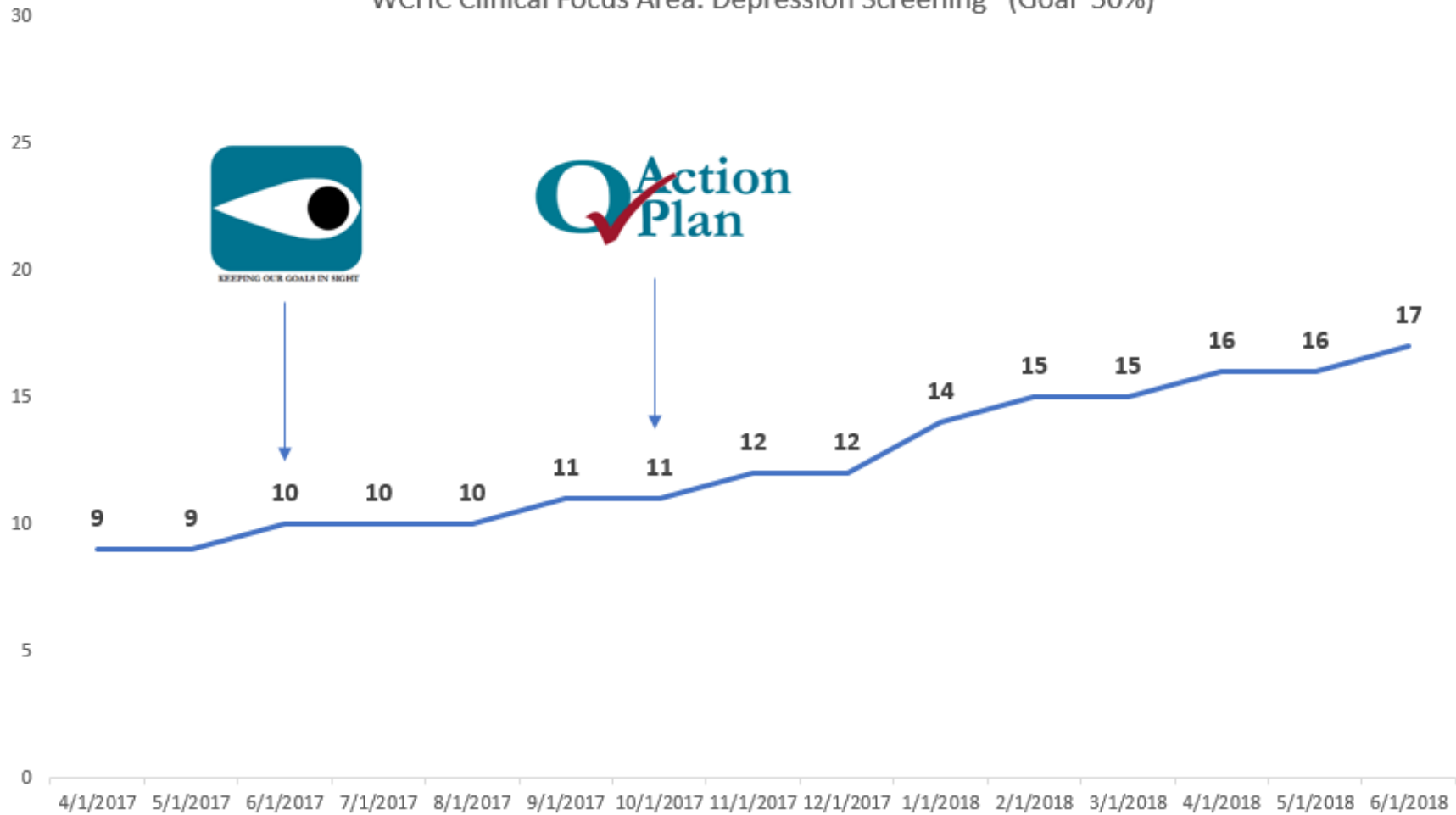**June 2017:** first round of Quality Watch for Medical Assistants and Nurse roles

August 2017: first round of Care Team Quality Check/Action Plans at RRHC

October 2017: Care Team Action Plans fully implemented at all sites and included in the Provider Incentive
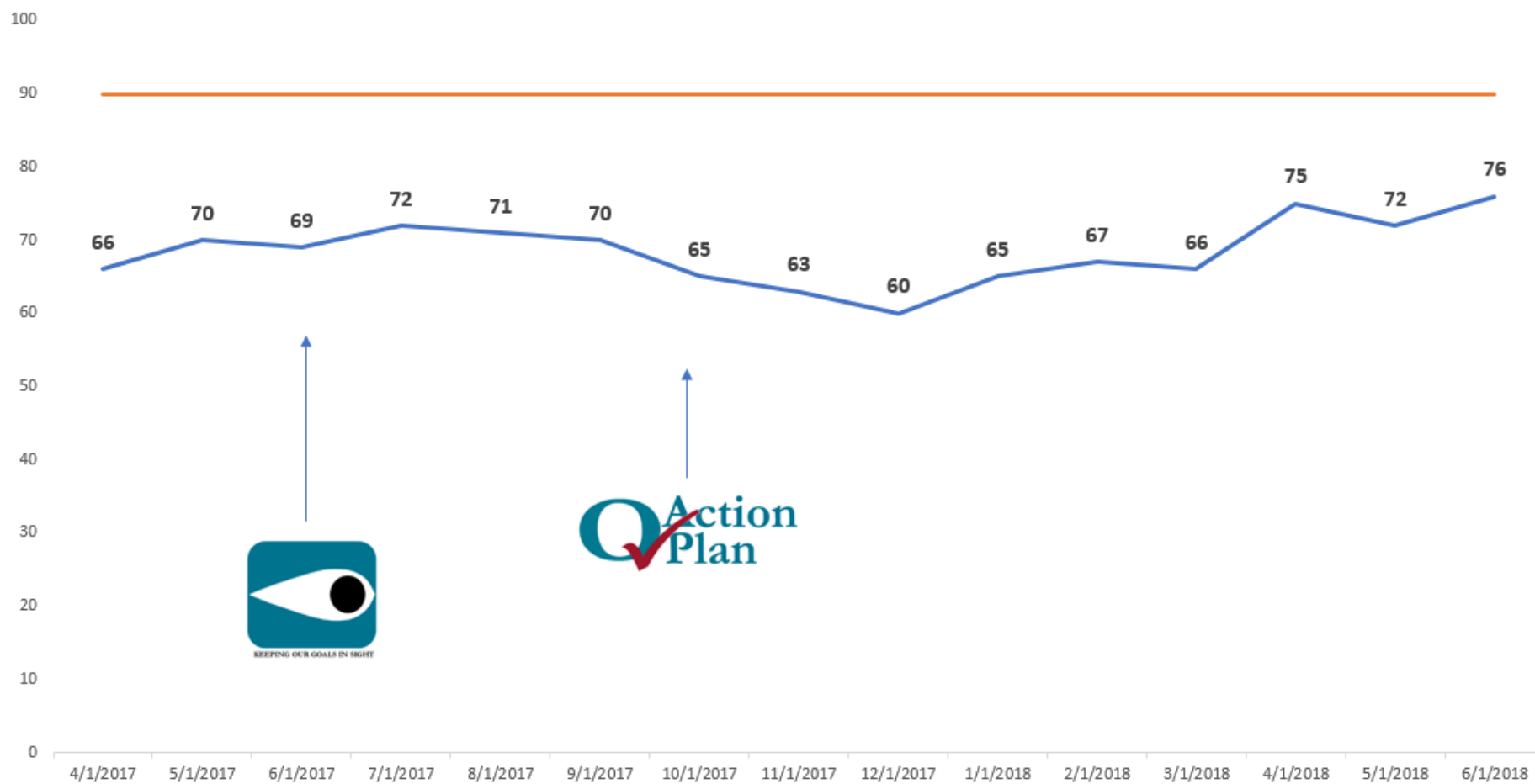
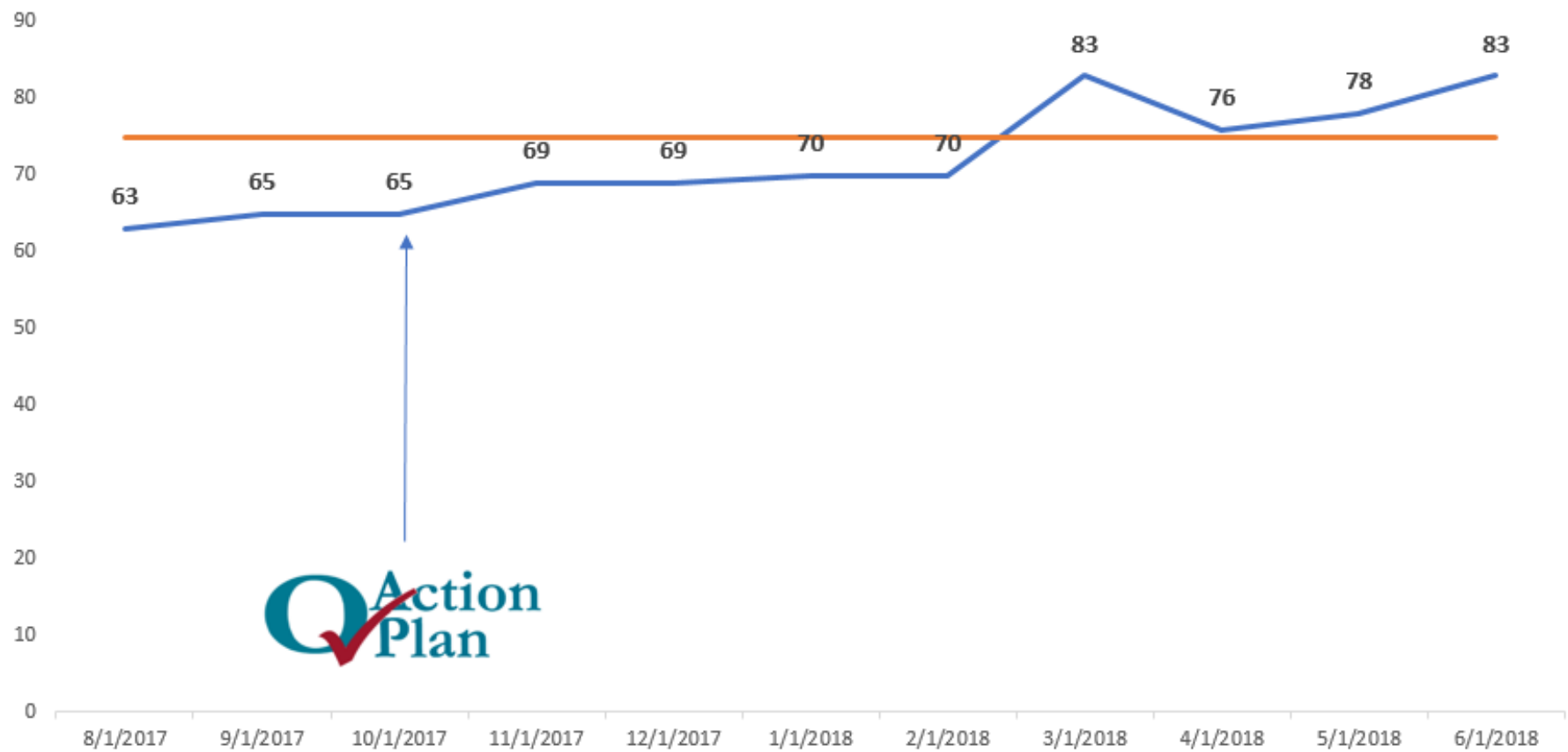**November 2017:** UDS data systems cleanup; nurse meeting on ASA measure; UDS priority recall lists for IVD and CAD measure
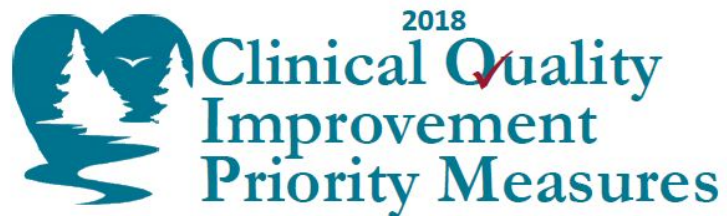
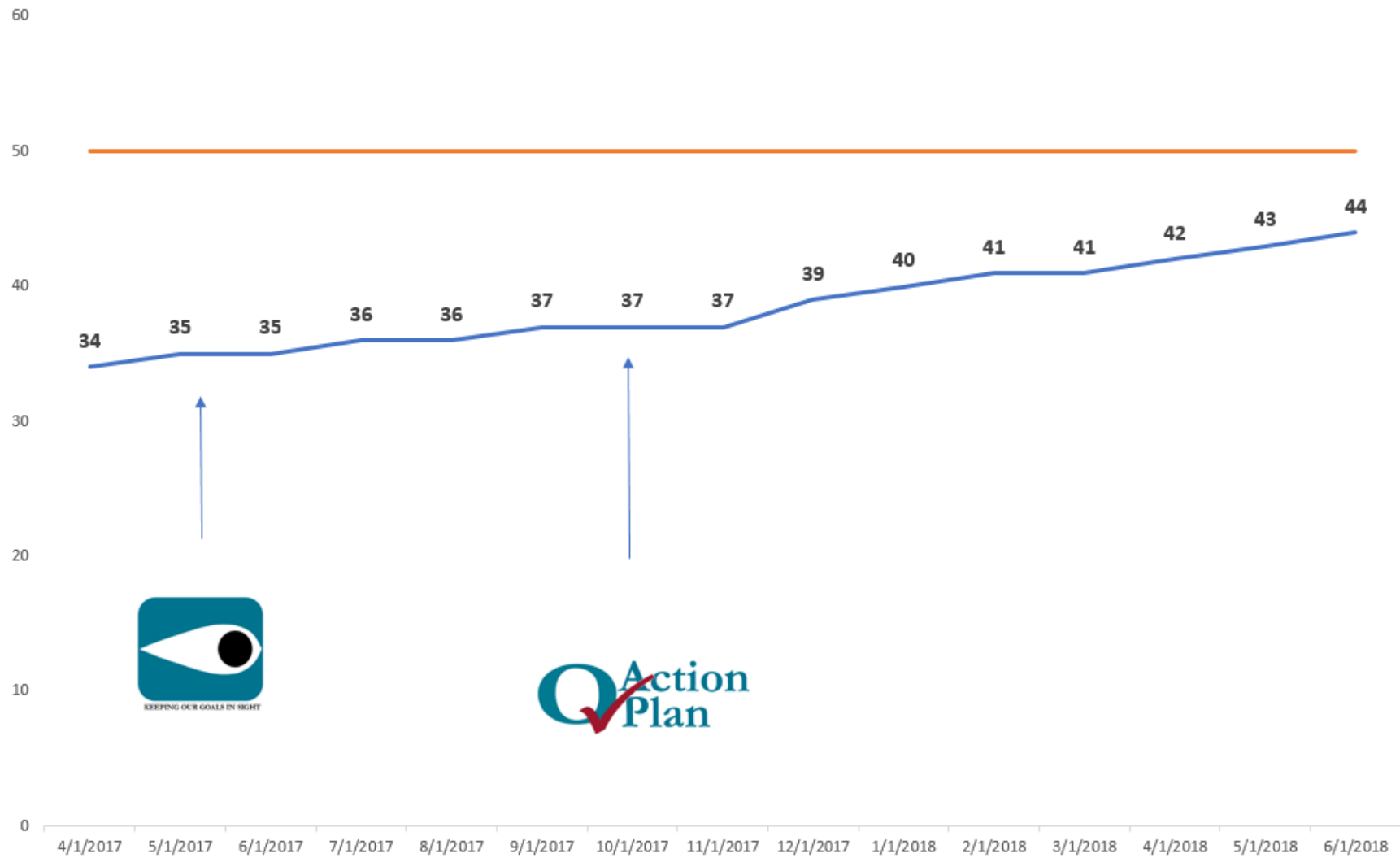# WCHC Clinical Focus Area: Depression Screening   (Goal 50%)

WCHC Clinical Focus Measure: DM Care Plans

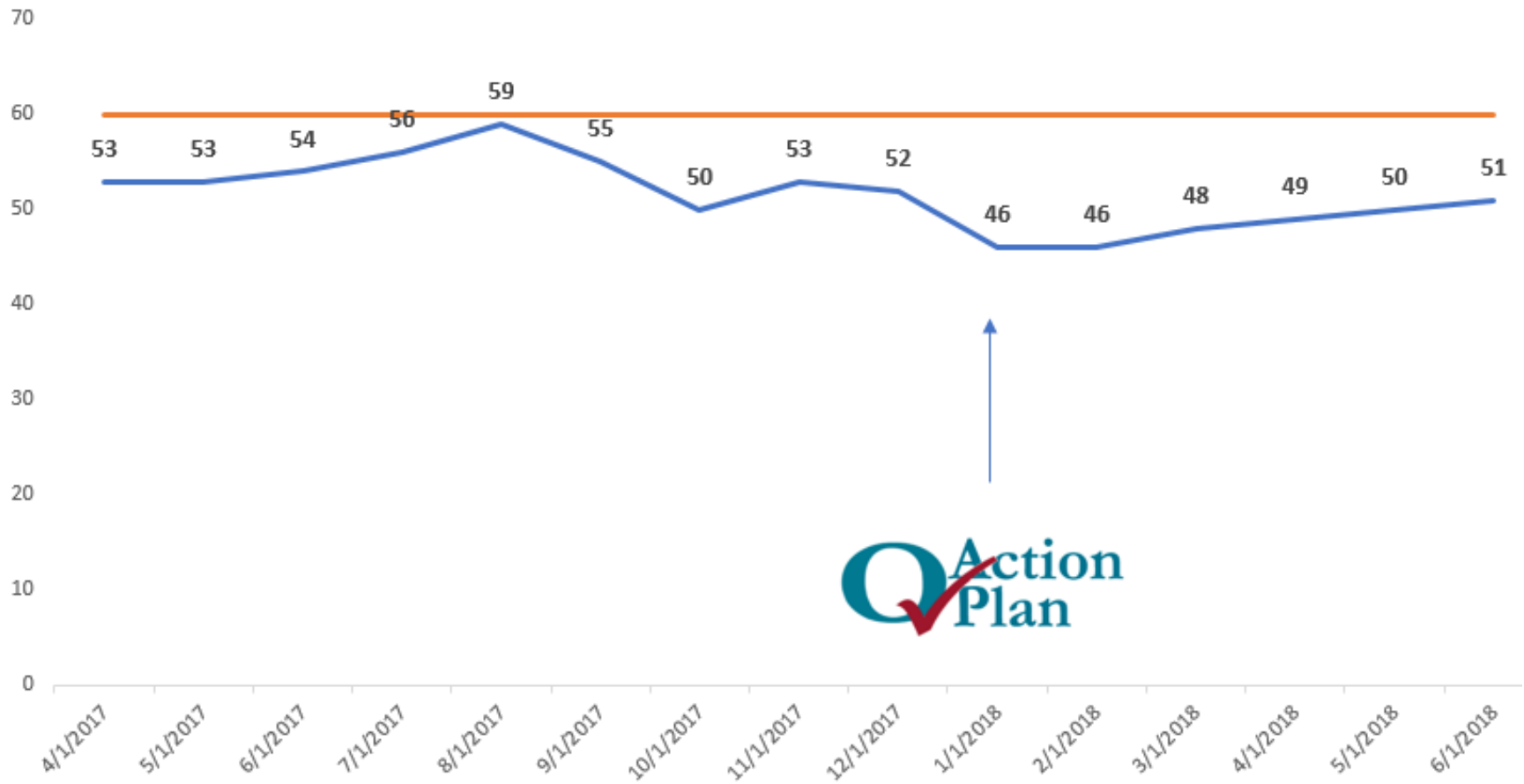|	4/1/2017	5/1/2017	6/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017	1/1/2018	2/1/2018	3/1/2018	4/1/2018	5/1/2018	6/1/2018
Value	66	70	69	72	71	70	65	63	60	65	67	66	75	72	76

KEEPING OUR GOALS IN SIGHT

Q Action Plan

WCHC Clinical Focus Measure: Tobacco Use Screening

WCHC Clinical Focus Measure: Colorectal Cancer Screening

WCHC Clinical Focus Measure: Breast Cancer Screening

WCHC Clinical Focus Measure: PHASE on ASA

KEEPING OUR GOALS IN SIGHT

Action Plan

UNIFORM DATA SYSTEM
DATA CLEAN UP

Date	Value
4/1/2017	70
5/1/2017	72
6/1/2017	72
7/1/2017	73
8/1/2017	73
9/1/2017	72
10/1/2017	73
11/1/2017	76
12/1/2017	80
1/1/2018	79
2/1/2018	80
3/1/2018	82
4/1/2018	82
5/1/2018	82
6/1/2018	82