

Increasing Cervical Pap Smear Screening Rate for HIV Positive Women

8th Annual Iris House Summit – May 6, 2013

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Harlem United Community Aids Center, Inc**

Harlem United - Overview

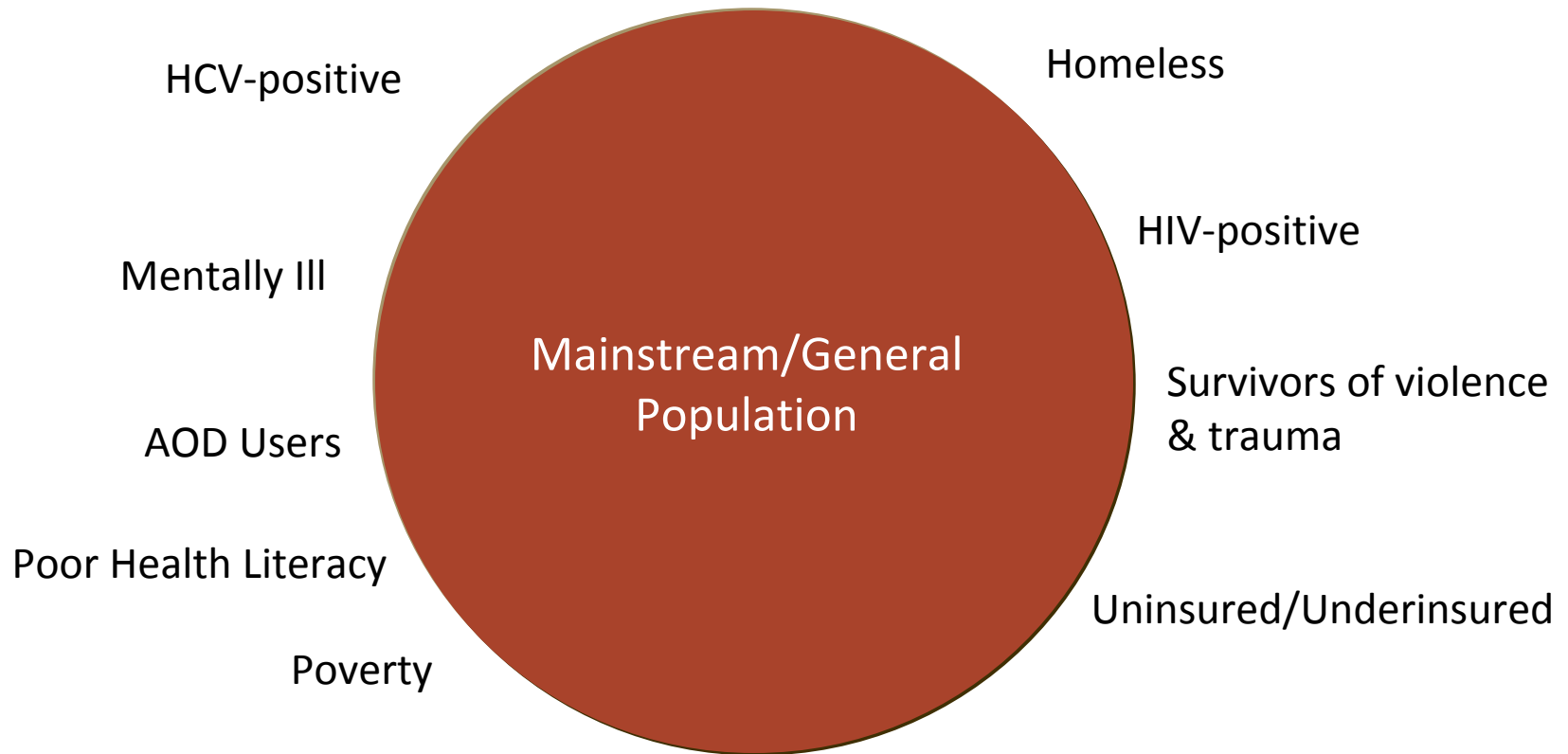
Past

- Founded at height of first phase of AIDS epidemic: 1988
- Specifically to serve people living with HIV/AIDS (PLWH/As) who were homeless and/or suffering from mental illness and/or substance use.
- Agency of last resort for medically-underserved communities of color in Harlem.
- Part of community-based movement to care for PLWH/As:
 - Founded to address lack of response from established providers;
 - Responding to the unique personal, social, and institutional barriers to care in Harlem

Present

- In July 2007, Harlem United received a federally-qualified health center for the homeless (FQHC-H) designation from the Health Resources Services Administration (HRSA)
 - The FQHC-H designation allows HU to expand services to homeless people in Central and East Harlem communities who are predominantly African American and Latino(a) adults, and have histories of substance use and/or mental illness.
- In 2012, Harlem United received Patient-Centered Medical Home (PCMH) level 3 accreditation

Harlem United - Population Served



To best meet the needs of a complex yet chaotic and vulnerable population, Harlem United has developed a comprehensive interdisciplinary system of care and support, distinguishing us from community health centers with a multitude of services delivered in a fragmented system.

Harlem United - Organizational Structure

Community Health Services

Community Based
HIV/STI/HCV Screening

Access to Care

Drug User Health Service
(Syringe Access, Harm
Reduction, Recovery
Readiness)

Black Men's Initiative –
integrated interventions
for MSM of color

Integrated HIV Services

Adult Day Health
Centers

Food & Nutrition

Supportive Housing
(Women's Housing,
Transitional Housing,
Congregate, etc.)

Health Home

Family Support

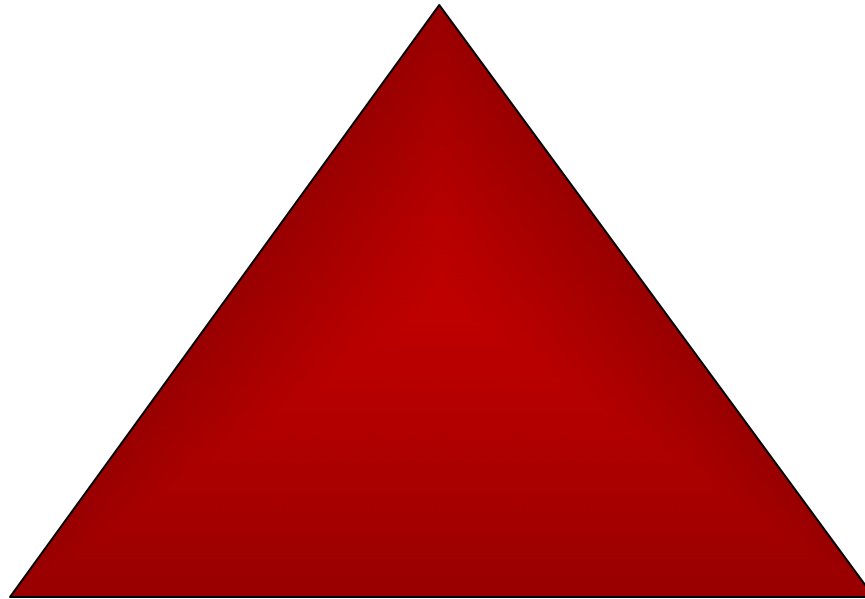
Holistic Provider-Led, Patient-
Centered Primary Care and
Dental Services

Behavioral Health Services

Patient Navigation/Case
Management Support

Harlem United - Management Triad

Continuous Quality Improvement (CQI):
Program-level assessment of service
delivery

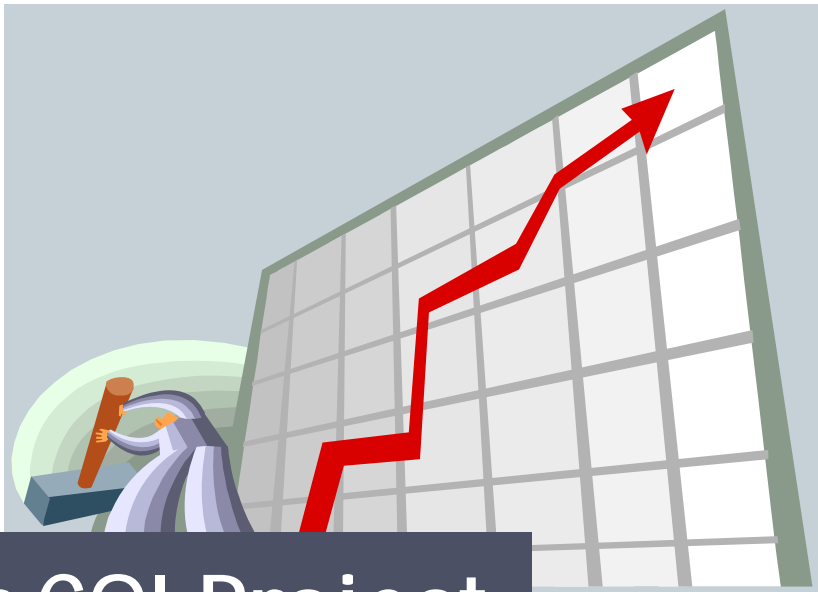
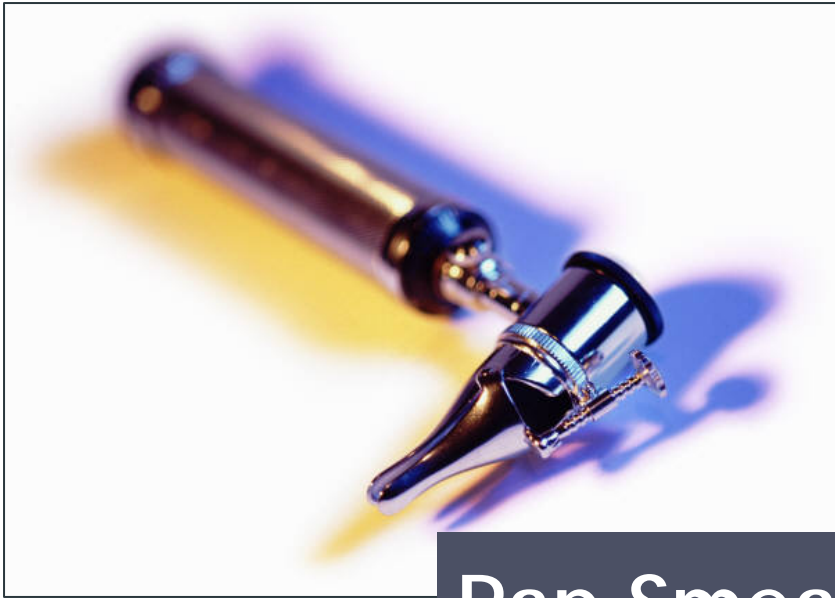


Administrative Data-
driven supervision:

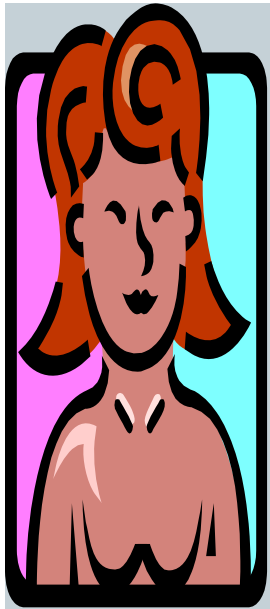
Staff-level
assessment (broad)
of service delivery

Clinical Supervision:

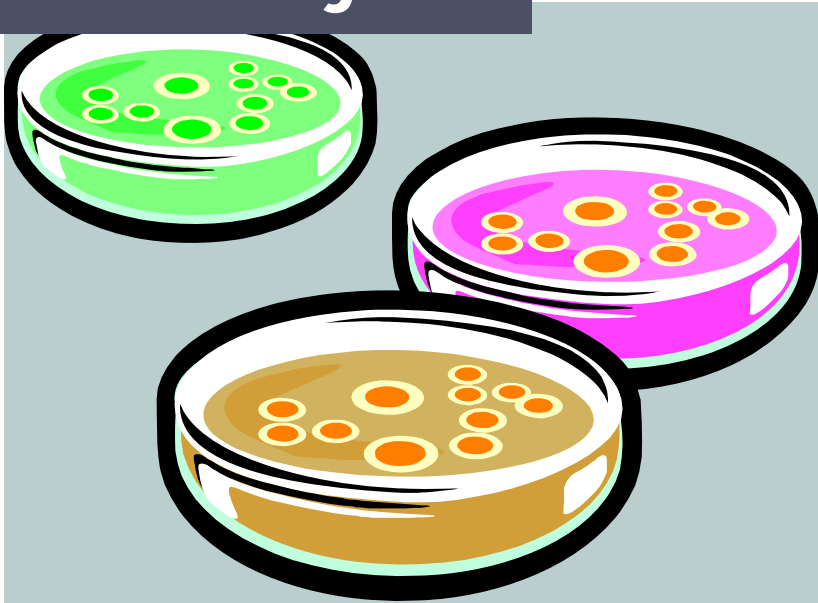
Staff-level assessment
(focused), clinical skills
building and trainings



Pap Smear CQI Project



Gynecology



HIV and Pap Smear

- HIV-infected women are at significantly higher risk for cervical cancer than are HIV-negative women
- HIV-infected women with more advanced immunosuppression (CD4 count < 200 cells/ μ L) are particularly vulnerable to infection with and persistence of the high-risk HPV types that can lead to cancer
- Therefore, it is imperative to perform cervical Pap smear screening for HIV positive women annually.

Continuous Quality Improvement (CQI)



Step 1: Collect and Review Data

- Define measures
- Determine data collection method
- Collect baseline data

| Measure | Category | Mar 2013 | Apr 2013 |
|--|-------------------------------|----------|----------|
| Documentation of cervical Pap smear within the last year | All female | 64% | 70% |
| | Homeless Women (both + and -) | 53% | 63% |
| | HIV Positive Women | 65% | 65% |

Step 2: Define problem & Set Improvement Goal

- Problem Statement:

A large percentage of our clients either do not have a pap smear documented or do not have an updated pap smear results documented in their medical records, which should be obtained as part of sexual health history assessment.

- Improvement Goal:

To increase the annual cervical pap smear screening rate to 80% in 6 months

Step 3: Investigate the Process



Barriers:

1. Limited support from clinic staff for medical providers to perform Pap smears
2. Providers need to address client's other pressing needs
3. Clients' limited knowledge of GYN health
4. Clients' resistance (fear of procedure/results, sexual trauma, embarrassed)
5. Inconsistent documentation of annual Pap smear screening in electronic health records (EHR)

Step 3: Investigate the Process

List of plans/possible solutions:

1. Chart preparation - having Medical Office Assistants (MOAs) responsible for indicating when a client's last cervical Pap smear was and whether or not a Pap smear exam is due in the Chief Complaint area of a client's progress note in EHR
2. Creating structured data fields in EHR to standardize documentation of Pap smear exams
3. Monthly reminders to medical providers during providers meeting
4. Conducting a four-week women's health series to educate women on GYN health and the importance of having annual cervical Pap smear exam
5. Developed a GOT PAP? campaign to increase clients' awareness of the importance of obtaining annual cervical pap smear screening

Step 4: Plan & Implement Changes

- **Develop action plans:**

Description of activities to be performed to test solutions, responsible parties, timeframes, and expected results.

Work plan template

| Plan #1: | | | |
|------------|---------------------|-----------|---------------|
| Activities | Responsible Persons | Timetable | Status Update |
| | | | |
| Plan #2: | | | |
| Activities | Responsible Persons | Timetable | Status Update |
| | | | |

- **Implement action steps outlined in work plan:**

- Make sure everyone is aware of which action steps are assigned to them
- Identify a champion to make sure that action steps are executed

Standardizing Documentation

eClinicalWorks (Kasmara, Liza)

File Patient Schedule EMR Billing Reports CCD Fax Tools Community Meaningful Use Lock Help

eClinicalWorks 9.0

P 0 E 0 S 0 D 0 R 0 T 2 L 0 M 0

Admin Progress Notes

Practice

Test, Sodee, 83 Y, M(T) Sel Info Hub

123 Main Street apt New York, NY 10029
DOB: 01/01/1930
tmarino@harlemunit.ehx Status:

Allergies
Billing Alert

Wt 01/11/13: 188 lbs.
Appt(L): 04/25/13(AC)
Appt(N): 04/30/13(AC)
PCP: OUTSIDE
Language: French
Translator: Yes

Ins: PC East
Acc Bal: \$0.00
Guar: Sodee Test (\$35.00)
Ref: Rosenbergo.

CLICK TO EDIT
hbv status? do HAV ab test missed January appt out of town r/c family death. Info re: HBV sent to

SECURE NOTES
this is a test

ADV DIRECTIVE
Patient was given self determination packet (01/28/2008)

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

SF

Patient: Test, Sodee DOB: 01/01/1930 Age: 83 Y Sex: Male(T)
Phone: Primary Insurance: PC East
Address: 123 Main Street apt 172, DO NOT SEND MAIL TO HOME, New York, NY-10029
Lab Req No: 9620.268146 Chart No: 9620
Provider: Aviva Cantor H., R-PAC Pcp: PCP OUTSIDE Encounter Date: 04/30/2013
Appointment Facility: El Faro

Overview DRTL History Alerts OS

Test, Sodee 83 Y, M as of 04/30/2013

Advance Directive
GIVEN Patient was given self determination packet

Problem List

- 401.9 Hypertension
- 493.90 ASTHMA NOS
- 296.00 Depression, major NOS
- 250.00 Diabetes mellitus type II
- 296.7 BIPOLAR I CURRENT NOS
- 300.00 Anxiety disorder NOS
- 271.3 Lactose intolerance/malabsorption
- 296.55 Depressed bipolar affective disorder in partial remission
- 053.9 Zoster herpes
- 401.1 Benign hypertension
- 599.0 UTI [Urinary tract infection]
- 296.00 Bipolar I disorder, single manic episode
- 313.0 Anxiety and fearfulness of childhood and adolescence
- 311 Depressive disorder NEC
- 293.84 ANXIETY DISORDER OTH DIS
- 401.9 HTN
- 729.5 Pain in limb
- 728.85 Spasm of muscle
- 250.70 Diabetes mellitus type 2 or unspecified type with peripheral circulatory di
- V65.3 DIETARY SURVEIL/COUNSEL
- 518.82 Acute respiratory distress NEC
- 493.90 ASTH W/O STAT ASTHM NOS
- 573.9 LIVER DISORDER NOS
- 782.4 JAUNDICE NOS
- 728.89 Muscle contracture
- 250.42 Diabetes mellitus type 2 or unspecified type with renal manifestations, unc
- 948.11 10-19% BDY BRN/10-19% 3D

Subjective:
Chief Complaint(s):
HPI:
Current Medication:
Abilify 10 MG Tablet 1 tablet Once a day, Lipitor
Complera 200/25/300 tablets 1 tablet with a meal da
Tablet 1 tablet Twice a day
Medical History:
HIV/AIDS(AIDS by OI/PCP or cd4 nadir 50) Dx 2
xxxx, ed visit , latent syphilis, treated 2005, Inflamm
456-7890, oral steroid, Enrolled in COBRA CM Jeff Bro
assessment completed 3/11/11, Pap Smear Due 7/23
Allergies/Intolerance:
Gyn History:
OB History:
Surgical History:
Hospitalization:
Family History:
Social History:
ROS:

Objective:
Vitals:
Past Results:
Examination:
Physical Examination:

Assessment:
Assessment:

HPI (Test, Sodee - 04/30/2013 02:00 PM, FAJ PC)

Pt. Info Encounter Physical Hub

Preventive/Preventative Health Show popup for c/o Order Categories

Client Learning Asses
Depression Screening
General Complaints
Group Note
HCH CASE DISPOSIT
HCH CM INTAKE
HEP C Evaluation
QNA (Quarterly Nursi
Smart Form Data Eler
Preventative
Preventative He
Smoking Cessatio
Nursing Visit
HIV
Self-Management
Nutrition
Diet/Exercise

| c/o | denial | Symptom | Duration | Notes |
|-----|--------|------------------------------|----------|-------|
| | | Vaccines | | |
| | | Tuberculosis Screen | | |
| | | Colonoscopy | | |
| | | GYN Papsmear | | |
| | | Anal Papsmear | | |
| | | Mammogram | | |
| | | Ophthalmology | | |
| | | Last Dental Visit | | |
| | | PWP (HIV Only) Up to Date? | | |
| | | PHQ (All Patients) Up to Dat | | |
| | | HIV Test(for HIV NEG patien | | |

Denies All Clear All Custom

Notes Header Footer Browse... Spell check Clear

Vitals New Examination

Print Fax Record Lock Details Scan Templates Claim Letters Ink

start

Inbox - Microsoft Out... 8th Annual Women a... eClinicalWorks (Kasm... Microsoft PowerPoint... Untitled - Paint

10:47 AM

Standardizing Documentation

HPI (Test, Sodee - 04/30/2013 02:00 PM, F/U PC) *

Pt. Info Encounter Physical Hub

Preventive/Preventative Health Show popup for c/o Order Categories

Preventative Health

| c/o | deni | Symptom | Duration | Notes | Cl |
|-----|------|--------------------------------|----------|-------|----|
| | | Vaccines | | | X |
| | | Tuberculosis Screen | | | X |
| | | Colonoscopy | | | X |
| | | GYN Papsmear | | | X |
| | | Anal Papsmear | | | X |
| | | Mammogram | | | X |
| | | Ophthalmology | | | X |
| | | Last Dental Visit | | | X |
| | | PWP (HIV Only) Up to Date? | | | X |
| | | PHQ (All Patients) Up to Date? | | | X |
| | | HIV Test(for HIV NEG patient) | | | X |

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Vitals New

HPI Notes

Free-form Structured

GYN Papsmear Clear All

| Name | Value | Notes |
|--|---------|-------|
| PC13 Female >21 or HIV+ | Yes | X |
| PC13 GYN Papsmear done in the past year? | Yes | X |
| PC13 Date of last Papsmear: | 10/2012 | X |
| PC13 Papsmear Done at: | | X |

Harlem United
St Luke's Hospital
Mt Sinai Hospital
NYPH
WHIS Study
Bronx Lebanon
North General
Other

Custom Close

Standardizing Documentation

Lock Preview

HARLEM UNITED

04/11/2013

History of Present Illness

Preventative Health:

Vaccines
Pneumonia Vaccine 03/2012
Tetanus Vaccine 02/2012
Influenza Vaccine 10/2012
Tuberculosis Screen
TB Screening Due No
PPD 03/2013
PPD+, Quant+ or TB History No

Colonoscopy
> 50 years old Yes
Colonoscopy Done? Yes
Colonoscopy Date: 10/2000
Colonoscopy done at: St Luke's Hospital

GYN Papsmear
Female > 21 or HIV+ Yes
GYN Papsmear done in the past year? Yes
Date of last Papsmear: 10/2012
Papsmear Done at: St Luke's Hospital

Anal Papsmear
HIV+, MSM or Abnormal GYN Pap? Yes
Anal Pap Done in last year? Yes
Date of last Anal Pap: 10/2012

Mammogram
Female Age > 50 Yes
MMG done in the last year Yes
Date of Last MMG 08/2012
MMG Done At: Madison Radiology

Ophthalmology
Yearly Screening Eye Exam Needed? HTN (Y), Age > 50 (Y)
Date of last Eye Exam: 10/2012

Last Dental Visit
Date of last visit: 10/2012
Dentist Location: Harlem United

Pap Smear Campaign

GOT PAP?

When was your last Pap Smear?
Get your PAP SCREENING today!

All HIV positive men and women should have an anal PAP every year

Protect yourself from HPV cervical/ Anal Cancer and genital warts!

HARLEM UNITED
We're Family

Got PAP?

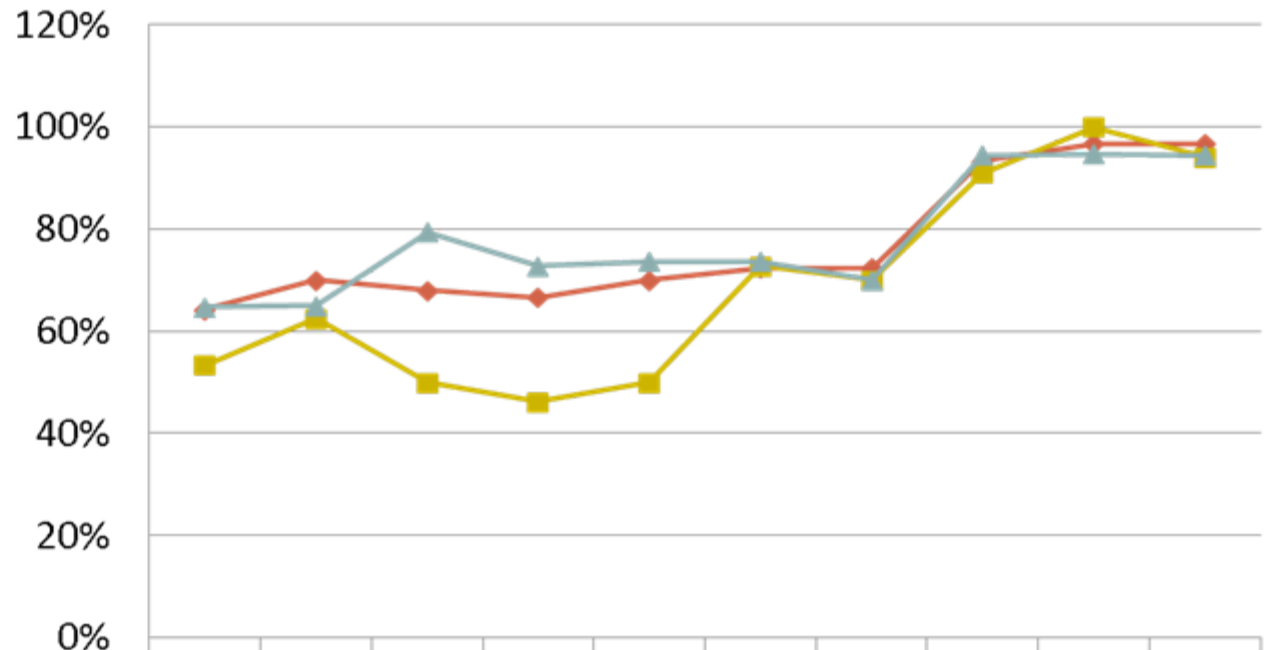
Schedule an appointment or Speak with your Provider about getting tested!

HPV

Cervical cancer predominantly is caused by certain types of **HPV.**

Step 5: Evaluate Results

Annual Pap Smear - 2012



| | | | | | | | | | | |
|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|
| ◆ All women | 64% | 70% | 68% | 67% | 70% | 72% | 72% | 93% | 97% | 97% |
| ■ Homeless Women (both HIV+ and -) | 53% | 63% | 50% | 46% | 50% | 73% | 70% | 91% | 100% | 94% |
| ▲ HIV Positive Women | 65% | 65% | 79% | 73% | 74% | 74% | 70% | 94% | 95% | 94% |

Step 6: Systematize Changes

- Determine which implemented strategies contribute to improvement
 - Select sample of clients who had annual pap smear and those who did not
 - Perform chart review to determine factors that contribute to increase in annual pap smear
- Standardize successful strategies
- Create plan to sustain improvement
 - Data collection & monitoring
 - CQI

Questions?