Saturday Pap Smear Clinic: Addressing Barriers to Women’s Health

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DEFINE

BACKGROUND
• Previous gynecologic appointment availability was limited to M-F.
• Many barriers to compliance including availability, work, childcare.
• Offering Saturday appointment slots to increase cervical cancer screening rates.

GAP IN QUALITY
• The Minnesota Community Measure and Mayo Clinic’s goal is to have a cervical cancer screening rate of 82%.
• Community Internal Medicine (CIM) cervical cancer screening rates are below this level at 63.09%.

AIMS STATEMENTS
• We aim to improve cervical cancer screening rates in eligible women, age 21-65, within Community Internal Medicine by 1.0% to 5.17% non-compliant patients from 5.23%.
• Facilitate the effectiveness of the intervention (Saturday pap smear clinic patient population) to the effectiveness of the non-intervention patient population.

BASELINE MEASUREMENTS

63.09%
Improvement Baseline
Sample Size: 5,239 non-compliant patients

10.25
FTE Balancing Measure Baseline
Sample Size: 12 providers, 10.25 FTE

62 pap smears completed of the 106 that were initially scheduled.

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ANALYZE

PCP GENDER OF TARGET POPULATION

Figure 3. One of four major barriers indicated by women contributing to pap smear non-compliance is having a male provider. Gender of the intervention population PCPs was determined through a retrospective EPIC search.

DEMOGRAPHIC ANALYSIS

Demographics of Women who Cancelled & No-Showed

Figure 1. Demographics of Saturday Pap Smear Clinic patients were obtained through a retrospective EPIC search.

Provider FTE did not change throughout the course of the pap smear clinic pilot study.

Demographics of Women who Attended their scheduled SPC Appointment

Figure 2. Demographics of Saturday Pap Smear Clinic patients were obtained through a retrospective EPIC search.

INTERVENTION

• Participants: CIM patients pap-smear non-compliant
• Recruitment strategies: • Portal messages • e-board advertisement • Public social media campaigns • Scope article • Mayo Clinic Intranet & email blasts

RESULTS

Figure 4. To assess that the results in Figure 3 are not due to unequal PCP gender representation, the proportion of male providers to female providers within CIM is depicted. Of the total 5,196s in Mayo Clinic CIM in Rochester, MN, 56.5% of them are female.

Figure 5. Age demographics of women seen at the Saturday Pap Clinic, indicating most women were between the ages of 50-65.

Figure 6. Prevalence of genital HPV comparing Saturday Pap Clinic (SPC) results to national data. Note: all HPV cases from intervention population were “high-risk”.

Figure 7. Intervention population (CIM) compared to Rochester Mayo Clinic Family Medicine (FM) control group. Significance determined by a two-tailed Chi-square with Yates correction. note: intervention refers to recruitment of non-compliant patients.

SUCCESSES & SHORTCOMINGS

Project Success
Factors That Supported Success

Identification of several pre-cancerous individuals
Adequate provider availability to perform pap smears
Additional health screening provided (cervical cancer, breast cancer, immunizations)
Provisions, nurses were available and able to address additional quality metrics.
Initial advertising and scheduling for recruiting non-compliant patients
Desk support staff and unused slots were filled with additional acute appointments

Project Shortcoming
Recommended Solutions

Need blood pressure re-checks, PHQ 9, immunizations
Additional nursing staff
Need more non-visit care time
Added 30 minutes at the end of the day at 11:30 am.
Letters need to be sent from care team, not provider
From primary care team
Need to identify patients earlier if appointment opened up
Fast pass

CONCLUSIONS

• Post-intervention, cervical screening rates among non-compliant women within Baldwin CIM improved by 1.2% (62 total). This was above the original goal for this study (1%).
• High risk genital HPV was found in 3.2% of the Pap Clinic Patients.
• Demographics of the women who attended the clinic were predominantly white, ages 50-65.
• There was a statistical difference between amount of pap smears completed, when compared to the control (FM).