

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 5,187 non-compliant patients from 5.239.
- Elucidate 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

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

10.25

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





DEMOGRAPHIC ANALYSIS



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

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.







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.



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 NP/PAs in Mavo Clinic CIM in Rochester, MN, 56.5% of them are female.

INTERVENTION

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

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the ages of 50-65.

RESULTS



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.





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

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 (colon cancer, breast cancer, immunizations)	Providers, 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 patient 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).

