


Improving Cervical and breast cancer screenings in a Complex HIV Clinic Setting

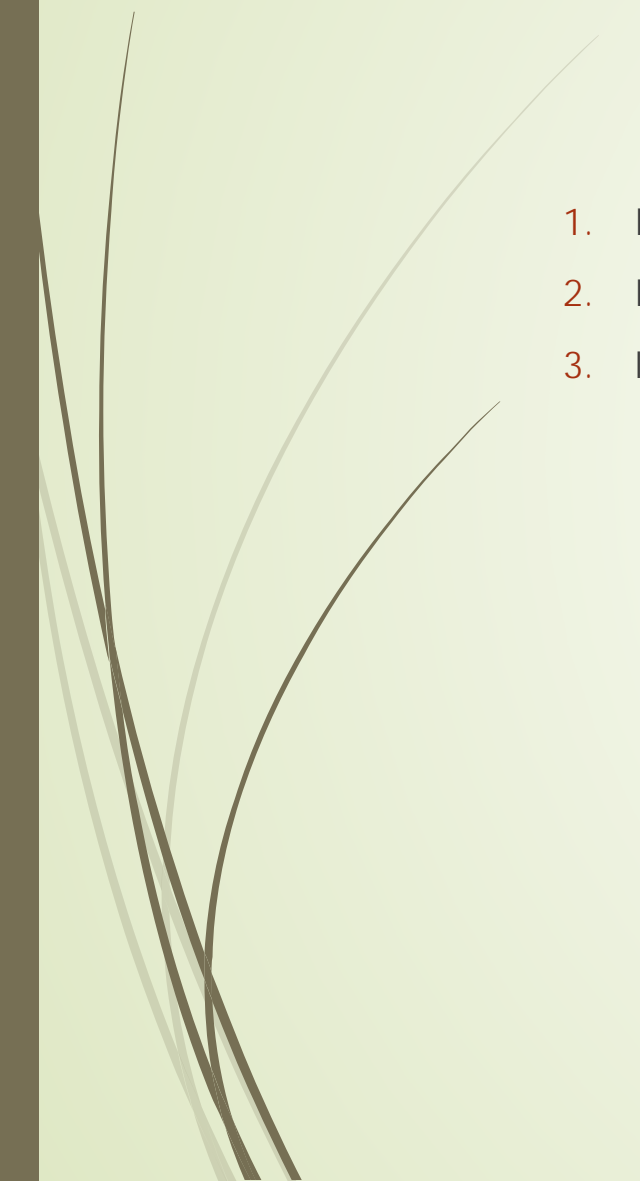
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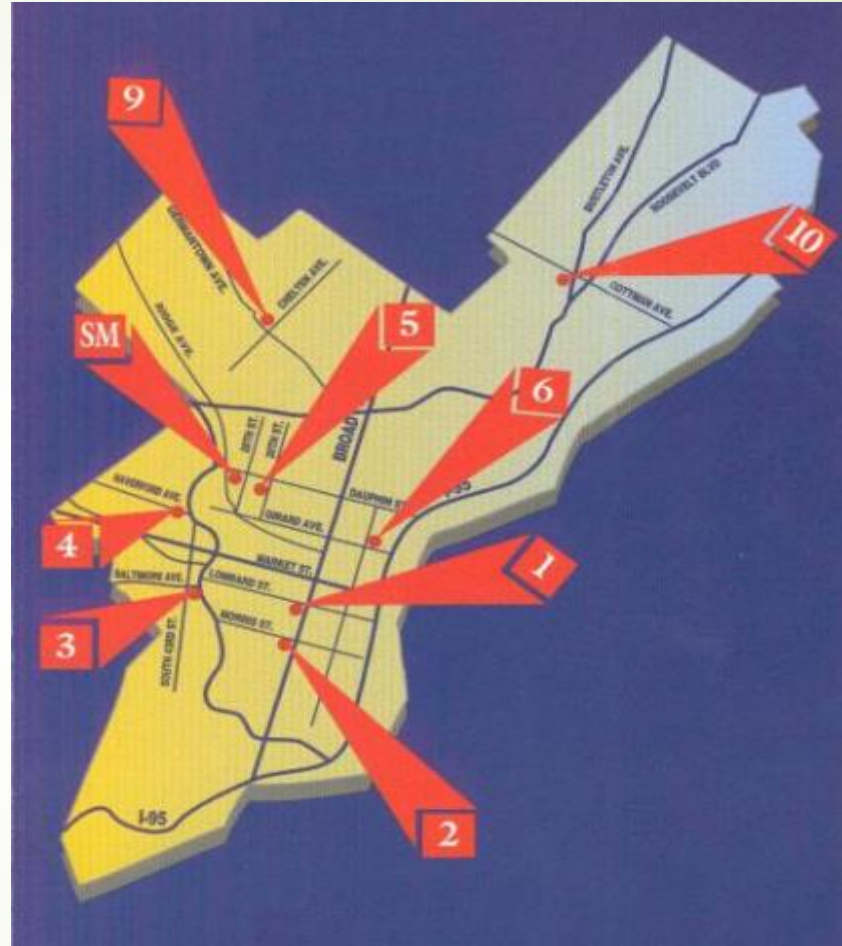


Learning objectives

1. Highlight disparities in cervical and breast cancer screenings
 2. Recognize structural and individual barriers to cervical cancer screening among women of color
 3. Improvement strategies for cervical cancer screening in a complex health care setting
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Project setting

- ▶ City health centers provide comprehensive care to Philadelphia residents
 - ▶ 8 FQHC lookalike facilities in Philadelphia's neighborhoods
 - ▶ Each center has an HIV clinic operating 1-2 days a week
 - ▶ Each center offers routine HIV testing



Demographics

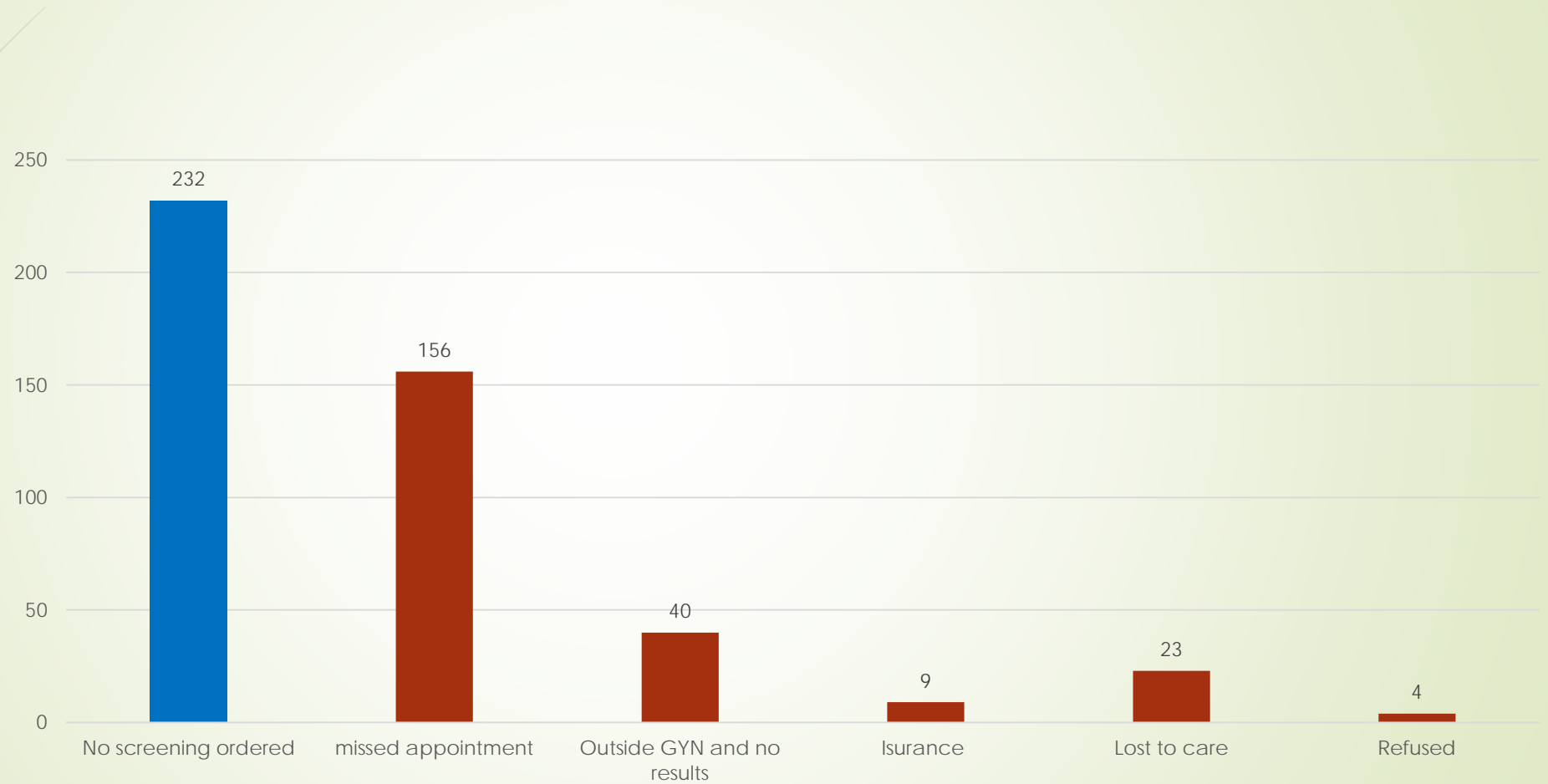
➤ 2016 HIV positive female patients

Asian	7
Black	367
Spanish	21
White	10

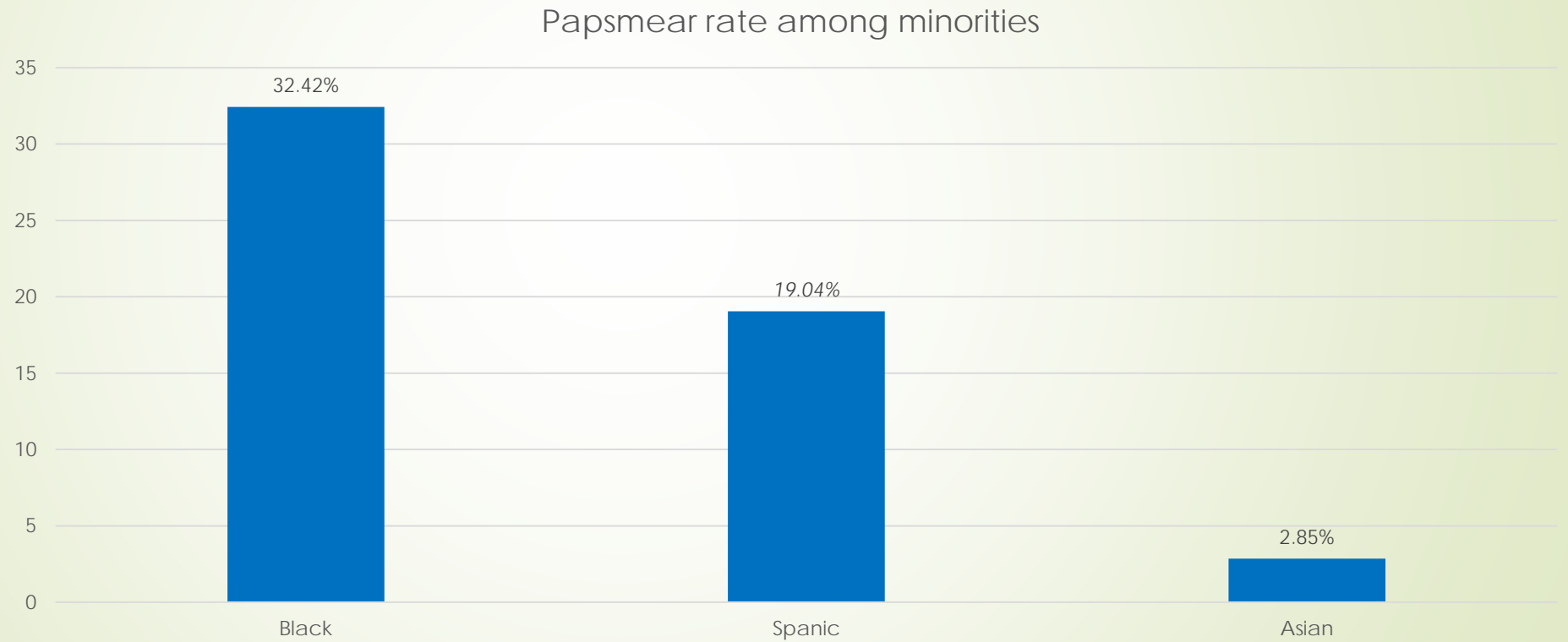
➤ 2017 HIV positive female patients


Asian	8
Black	364
Spanish	26
White	9

Barriers to cervical cancer screening




Cervical cancer screening among Black, Spanish and Asian in 2016





Strategies for Improving cervical cancer screening

- ❑ Hiring a Women Health Coordinator (WHC)
 - Mainly focuses on cervical and breast cancers screening
- ❑ Working with AHS CQI committee to reserve open slots for priority clinic patients in family planning
- ❑ Incorporate educational materials to educate HIV female patients on the importance of being screened for cervical and breast cancer
- ❑ Update patients on the changes of cervical cancer screening guidelines
- ❑ Assisting patients in scheduling appointments and sending reminders

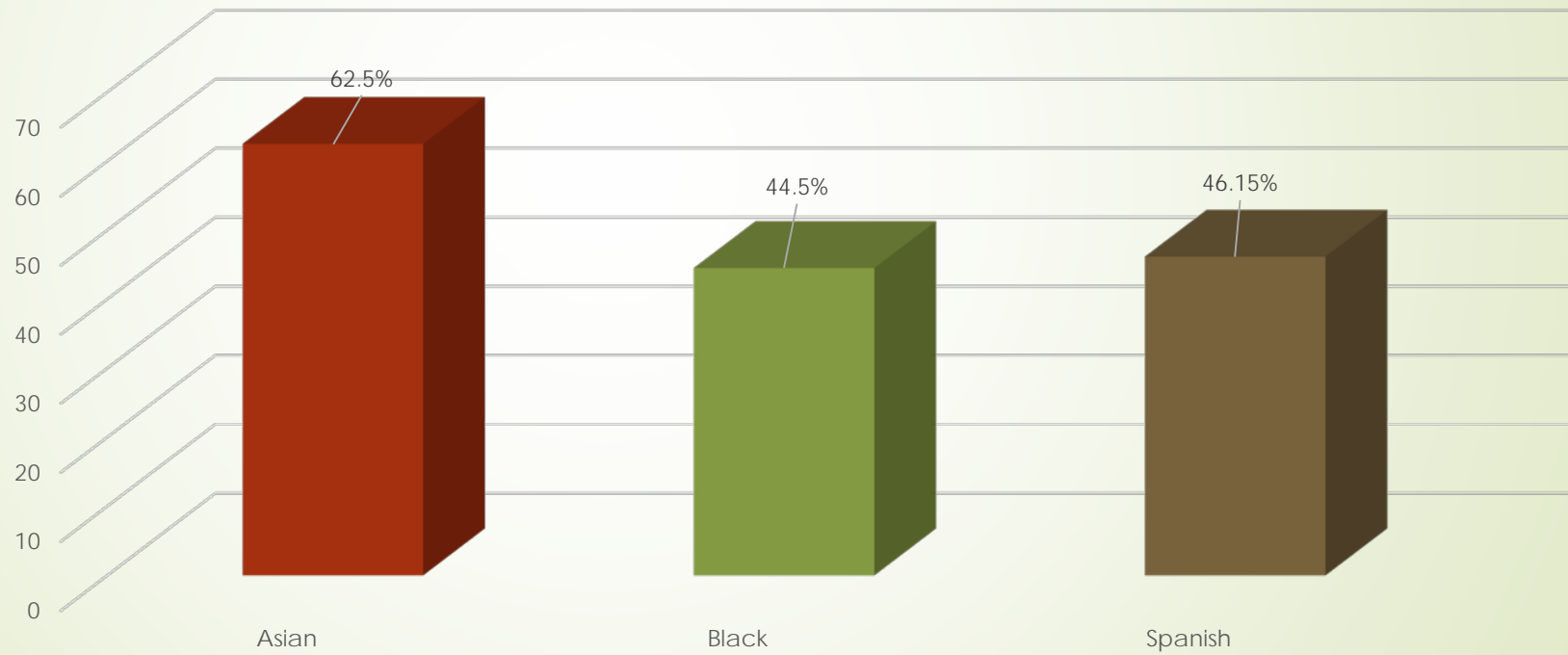


Strategies for Improving cervical cancer screening (continue)

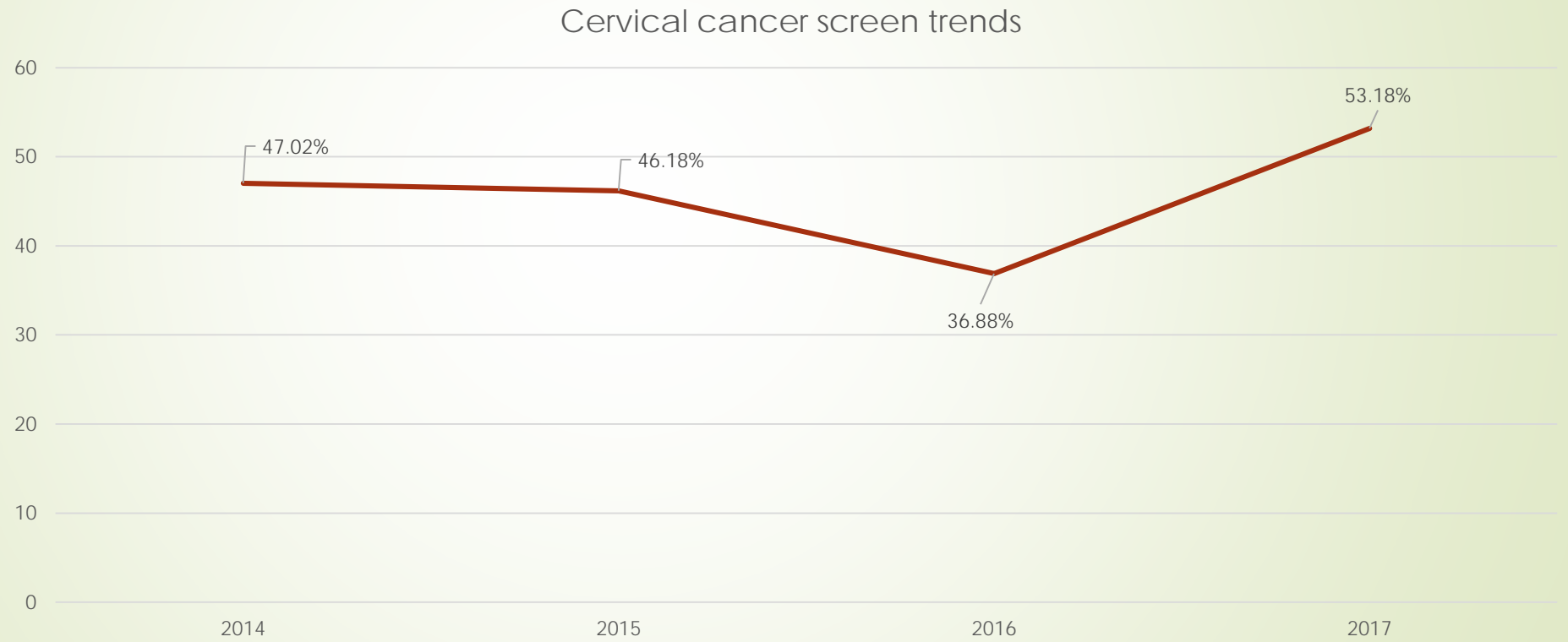
- ❑ Follow up with patients to ensure they attended appointments
- ❑ Provide direct and indirect translation services for patients with language barriers
- ❑ Contact lost to care or loosely linked patients to re-engage them in care and schedule their GYN/Pap appointment
- ❑ Working closely with medical providers (doctors, nurses, PAs and NPs), social worker and case managers

Results

Cervical cancer screening among minorities in 2017



Cervical cancer trend: 2014 to 2017





Results summary

In 2017, 346 HIV female patients were enrolled in the HIV Program

- 184 (53.18%) were screened for cervical cancer and 149 (43%) for mammogram
- 2017 Screening for cervical cancer increased among all minority groups compare to 2016:
 - Black: 32.42% to 44.5%
 - Asian: 2.85% to 62.5%
 - Spanish: 19.04% to 46.15%



Challenges



- ▶ Getting patients to keep and make their first appointment
- ▶ Getting cervical cancer screening results for patients with an outside GYN provider
- ▶ Insurance: Health centers GYN do not accept some private insurances
- ▶ Lack of open slots in GYN
- ▶ Navigating 8 Health centers



Lessons learned

- ▶ Need to access a medical release form in order to receive results from an outside GYN provider
- ▶ Accessing Lab corps and Quest system will help to quickly retrieve patients results
- ▶ Creating slots in GYN to improve access for cervical cancer screening



Conclusion

- ▶ Hiring a Women Health Coordinator (WHC) made a big difference in improving cervical and breast cancer screenings for minority HIV positive female patients facing numerous barriers to care
- ▶ In a complex health system like Ambulatory Health Services in Philadelphia, a WHC is essential to help improve cervical and breast cancer screening rate