Improving Cervical Cancer Screening Rates: Perspectives from a Health Center and Health Center Controlled Network

January 29, 2019

Office of Quality Improvement
Bureau of Primary Health Care
Health Resources and Services Administration
Opening Remarks

Sue Lin, PhD, MS, Director, Quality Division
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Improving Cervical Cancer Screening Rates: Perspectives from a Health Center and Health Center Controlled Network

La Red Health Center
La Red Health Center
Georgetown, Delaware
January 29, 2019

Initiatives to Improve Cervical Cancer Screening Rates

Brian S. Olson, Chief Executive Officer
Rosa Rivera, Chief Operations Officer
Brenda Pusey, Director of Quality Improvement
Service Sites and Certifications/Awards

Georgetown
School Based Wellness Center

Seaford
Seaford GYN

Milford
CHEER Ocean View
CHEER Millsboro

Community Health Center
FQHC Valley
PCMH
HRSA Health Center Program
TOP WORKPLACES 2018
SUPERSTARS IN BUSINESS
La Red Health Center’s Mission is to be a Center of Excellence which Provides Quality Patient Centered Care to the Diverse Members of Our Community
Milestones in Our History

- **2000**: La Esperanza Community Center received RHOG Grant to create LRHC
- **2003**: Separated from La Esperanza; received 501c3 designation
- **2004**: Received FQHCLA status
- **2005**: 330 Grant Application Approved; Funding Began in 1/2006
- **2008**: Converted to new electronic practice management platform
- **2008**: Received Bank of America Neighborhood Builders Award
- **2009**: Implemented electronic medical records
- **2010**: Opened Oral Health Care Program
- **2011**: Awarded Contract to Manage Local School Based Wellness Center
- **2011**: Awarded NAP funding for Seaford and Healthcare for the Homeless
- **2011**: Implemented pediatric program
- **2012**: Relocated Georgetown operation to newly constructed 25,000 sq ft facility
- **2012**: RHOG award to integrate primary care and mental health services
- **2013**: Recognized by the NCQA as a PCMH
- **2015**: Awarded NAP funding for Milford
- **2016**: Acquired Seaford GYN Practice
- **2017**: Awarded Delaware State Chamber Non-Profit of the Year
- **2017**: Opened CHEER Ocean View site
- **2018**: Opened CHEER Long Neck site
Service Area and Population Characteristics

• Our service area is one of the largest counties in land mass east of the Mississippi River
  ➢ predominately rural in nature; approximately 1,500 active farms
  ➢ limited and undependable public transportation
  ➢ limited provider access to primary, oral and mental health care and other specialty care

• La Red Health Center serves as a medical home to approximately 13,000 individuals
  ➢ fastest growing African American, Latino and Haitian populations in the state
  ➢ fastest growing retiree mecca on the eastern seaboard
  ➢ large influx of seasonal tourists
  ➢ large number of self-employed, seasonal, service industry, agricultural, poultry industry workers
  ➢ 48% best served in a language other than English
  ➢ 33% uninsured
Our Integrated Services

• Full Range of Primary Care Services
  - Prenatal and Women’s Health
  - Pediatrics
  - Adolescent Medicine
  - Family Practice
  - Geriatrics
  - Healthcare for the Homeless

• Mental and Behavioral Health Services
  - Traditional Counseling & Therapy
  - Imbedded Behavioral Health Consultants in Primary Care Teams
  - Substance Use Disorder including limited MAT Services (Suboxone & Vivitrol)

• Oral Health Services
  - Emergency
  - Restorative
  - Rehabilitative

• Enabling Services
  - On-site Women, Infants and Children Program (WIC)
  - On-site Medicaid Enrollment Specialists
  - Free Patient Transportation to La Red and our referral partners
  - Interpretation services for specialty referrals
  - 340B Program Participant
How Our Initiative Started

• The State of Delaware, in partnership with Quality Insights, started an initiative to improve the cancer screening rates in Delaware

• Special efforts led to funding for a Nurse Navigator through a state grant to improve the screening rates for cervical, breast, and colon cancers

• 2018 HRSA/BPHC Clinical Quality Improver for Cervical Cancer Screening, Exceeded Health People 2020 Goal, and PCMH recognized

• Cervical Cancer Screening Rates
  • 2015: 70.67%
  • 2016: 72.31%
  • 2017: 94.65%
Our Care Team

• Key contributors
  • Cancer Screening Nurse Navigators
    • Clinical staff
    • Non-clinical staff
    • Board of Directors
    • Community partners

Our Board of Directors Preparing for Cervical Cancer Screening Awareness Month
Challenges

• No dedicated staff that focus on Cancer Screenings
• Limited provider time with patients for education on preventative screenings
• Staff unable to schedule appointments at community events
• Rescheduling patients if not enrolled in Screening for Life program
• Patients who do not have insurance or qualify for programs to cover the cost of cancer screenings and follow ups
Care Coordination and Patient Navigators

• Nurse navigators work with the clinical team to prepare for patient visits and minimize barriers to care
  • Preventive screening reminders are put in the medical record
  • Appointment reminder calls
  • Set up transportation/translation services
  • Postcard reminders
  • Patient education
  • Schedule patients for visits at community events
Data Analysis

• Reporting
  • Patients who have not had preventative screenings
    • Outreach to these patients to schedule appointments
  • Created dashboards for staff to see progress
    • Reports shared quarterly
  • Improved staff documentation
    • Information is captured on reports better due to proper documentation
  • Data shared with stakeholders
Direct Access to GYN Services

Addition of GYN office in 2016....

• GYN expertise is readily available
• Increased access for our uninsured patients (1.4 FTEs)
• New family medicine providers do a rotation with the GYN office
• Clinical staff in-services
• Easy access to follow up (colposcopies, biopsies)
• Quick consults if needed
Lessons Learned

• Evaluate your staff needs – the addition of a second Nurse Navigator created a huge impact (team effort, shared ideas, outreach efforts, etc.)
  • No Nurse Navigators 2015 (70.67%)
  • One Nurse Navigator 2016 (72.31%)
  • Two Nurse Navigators 2017 (94.65%)

• Value of Nurse Navigators/Care Coordinators

• Involvement at all levels – receptionists, schedulers, support staff, medical records staff, etc.

• Additional funding.....opportunities to address barriers like transportation, interpreting, outreach and staffing
Recommendations

• Identify a champion
  • Does not need to be a provider

• Involve staff at all levels
  • Training, month awareness activities, lunch & learn

• Team-based approach
  • Providers should not feel this is just their responsibility

• Provide resources
  • Mentors
  • Specialist support
  • Enhance scheduling by providing off-site access at outreach events
Next Steps

Maintaining the momentum....

• Improve outreach by using text messaging for:
  • Appointment reminders
  • Preventative Screenings
  • Expand remote appointment scheduling capability

• Increase Patient Portal activities:
  • Additional efforts to enroll females age 21-60
  • Patients will receive additional reminders and will be able to view results, request and view appointments

• Additional EHR training
  • Utilize future orders capability to order screenings.
  • Train staff including other departments
Contact Information

Brian S. Olson, Chief Executive Officer
Tel: (302) 855-1233 x 1116  Email: bolson@laredhealthcenter.org

Rosa Rivera, Chief Operations Officer
Tel: (302) 855-1233 x 1112  Email: rrivera@laredhealthcenter.org

Brenda Pusey, Director of Quality Improvement
Tel: (302) 855-1233 x 1118  Email: bpusey@laredhealthcenter.org

Website: www.laredhealthcenter.org
Improving Cervical Cancer Screening Rates: Perspectives from a Health Center and Health Center Controlled Network

OCHIN
OCHIN
Cervical Cancer
Prevention Strategies

Stacie Carney, MD
Chief Medical Information Officer

Erica Edwards, MS
Quality Improvement Publications
OCHIN is a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care to all.
OCHIN: Innovation & Transformation

USE AND MOVE DATA
- Optimize health IT
- Streamline health information exchange
- Leverage data for population health management

IMPROVE OUTCOMES
- Robust research network builds evidence base
- Learning organization lays a system for improvement
- Findings inform health policy

TRANSFORM HEALTH CARE
- Professional services from strategic planning to clinical operationalization
- Technical assistance
- Translational work to disseminate and implement learnings
OCHIN

500 Safety Net Organizations and 100,000 Providers Across the US

- OCHIN Billing: 23 Organizations
- OCHIN Broadband: 189 Organizations
- OCHIN Epic: 111 Organizations
- OCHIN NextGen: 46 Organizations
- OCHIN Research: 34 Partners; 44 Clinics
- OCHIN Services: 403 Organizations

The numbers indicate the states in which member organizations are based, though they may operate in additional states (represented with unnumbered circles). (January 2019)
OCHIN HCCN
Who our members serve:

• 6.4 million patients
• 3.6 million women
• 1.9 million children
• More than half at or below the federal poverty line
• Five percent are homeless
• More than 60% covered by Medicaid or Medicare
• Nearly a quarter uninsured
OCHIN HCCN
Promotes cervical cancer screening and prevention

• Strategic focus: Five clinical quality measures

• Data transparency to drive improvement

• Technology to drive cervical cancer prevention
  • HPV immunization
  • Pap/HPV screening
  • Timely follow-up

• Spread learnings across the collaborative
OCHIN Pillars of Cervical Cancer Prevention

Clinical Drivers and Goals

- Increase Pap + HPV screening rates per USPSTF guidelines
- Follow up abnormal screens per ASCCP guidelines
- Increase HPV immunization completion rates per CDC/ACIP guidelines
OCHIN Pillars of Cervical Cancer Prevention

Technology, Technical Assistance, Partnership, Communication

• Leverage clinical decision support tools in the EHR, and population health data analytics to advance goals
• Refine the EHR in partnership with OCHIN providers via work groups
• Spread learnings and facilitate peer-to-peer dialogue across the collaborative over multiple channels
How Does OCHIN Increase Pap + HPV Screening?

• Partner with OCHIN providers to refine EHR
• Design tools to quickly visualize data
• Use data to gauge performance, troubleshoot, and drive improvement
• Meet members where they are
How Does OCHIN Increase Pap + HPV Screening Rates?

• **Pre-visit Planning and Patient Outreach**
  EHR technology IDs patients due/overdue for care

• **Care Gap Reports Link to Bulk Outreach Tools**
  EHR/population health tools streamline patient outreach

• **Interfaces Feed Data to the Chart Electronically**
  EHR pulls data from registries, labs, external providers

• **Screen and Manage Patients Appropriately**
  Age, clinical history, risk factors, special needs, socio-cultural factors, patient preferences and provider discretion fine-tune screening frequency intervals
How Does OCHIN Increase Pap + HPV Screening Rates?

• **Clinical Decision Support Tools**
  Flag patients due for screenings, immunizations, or follow-up care

• **Easy Reference**
  Providers can reference USPSTF, CDC/ACIP, and ASCCP guidelines from within the encounter

• **Reports**
  Near-real-time reports provide performance snapshots and trends – both high-level and granular views
How Does OCHIN Increase Pap + HPV Screening Rates?

• Monthly or Quarterly Reports, Checklists, Guides
  Assist with regulatory reporting.

• Data Transparency
  OCHIN CMO distributes monthly, ranked CQM performance report to entire collaborative
OCHIN Spreads Learnings Across the Collaborative

- **Ella**: OCHIN’s Online Learning Management System
- OCHIN Improvement Guide Collection
- OCHIN Case Study Library
- Video Presentations
- Discussion Forums
- Work Groups
- **OCHIN Learning Forum** Annual Conference
Member Stories and Resources

HPV Facts:
- HPV is the most common sexually transmitted disease in the U.S. The virus is spread through skin-to-skin contact with an infected individual. Transmission can occur without intercourse. Most HPV infections of the cervix are controlled by the body within 2 years.
- Persistent high-risk HPV cervical infections are linked to nearly all cervical cancers. HPV Type 16 and HPV Type 18 are the type present in over 70% of cases of cervical cancer.1 Prevalence of HPV infection may vary by type in different racial groups, but it's currently available in 9 vaccines that protect against the most common types in 14 groups, and is estimated to prevent 55% of cancers.1

CASE STUDY EXCERPT: HPV IMMUNIZATION: WHEN TO VACCINATE

Case Study: SA 14: Downtown Health Center

We vaccinate all our infants starting at age 2, if they miss their well-child checks ages 10, we have another chance to administer the received HPV dose at age 11, when they are likely to come to the clinic or other centers required to enroll in school.

Spending cuts supported by OCHIN's Ron Frank, OIM Advisory Board Chair, help us cut costs that have driven us from the clinic to the clinic for any reason.

We eradicated cervical cancer in our care, which serves as a good reminder of the findings.

The Vaccine
- The HPV vaccine remains a major line of defense in cervical cancer prevention. Since it was introduced in 2006, the use of HPV in cervical cancer has dropped 35%.8
- The HPV vaccine was available in the U.S. in 2006. The vaccine is inactivated for women and men ages 11-15, and those ages 16-25 and between ages 16 and 25.
- There are nine HPV vaccines available in the U.S. in 2019. The vaccine is inactivated for women and men ages 11-15, and those ages 16-25, and between ages 16 and 25.
- There are nine HPV vaccines available in the U.S. in 2019. The vaccine is inactivated for women and men ages 11-15, and those ages 16-25, and between ages 16 and 25.
- The vaccine is inactivated for women and men ages 11-15, and those ages 16-25, and between ages 16 and 25.
- The vaccine is inactivated for women and men ages 11-15, and those ages 16-25, and between ages 16 and 25.
Adjunct Educational Materials and Resources

- Video Demonstrations of OCHIN Technology
- Video Presentations by OCHIN Members
- Platform for Members to Share Custom Reports Across the OCHIN Collaborative
OCHIN: What’s Ahead?

• Continue to build OCHIN’s learning community
• Stay focused on our shared passion to improve care for vulnerable patients
• Seek new ways to use technology and data to do better for patients
• This community will evolve as OCHIN grows
• We are excited about technology, and humbled by the extraordinary people who make it work in the clinic
Thank You!

Stacie Carney, MD
Chief Medical Information Officer
carneys@ochin.org

Erica Edwards, MS
Quality Improvement Writer
edwardse@ochin.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H2QCS30280 “Health Center Controlled Networks”, through the use of funds from the total annual award of $1,500,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Questions and Answers
February is American Heart Month. Join us.

How We Became Million Hearts Hypertension Champions: Three Health Center Stories

Thursday, February 21, 2019 – 2:00 p.m. ET

Watch the BPHC Digest for details and registration