



## Shared Efforts: Improving Rates for Pap Tests Performed in Mississippi

### MISSISSIPPI HIVQUAL-US REGIONAL GROUP

Established in January 2010, the Mississippi HIVQUAL-US Regional Group is comprised of eight Ryan White Part C/D-funded clinics and representatives from the Mississippi Department of Health Part B facilities, based primarily in rural and semi-rural settings. Clinic infrastructure varies across all participating facilities, with some such as the Southeast Mississippi Rural Health Initiative, Inc. (SeMRHI) serving patients across five community-based sites in multiple counties. Patient demographics are consistent among facilities; the majority of the population is African American and impoverished. Each participating program is then represented in the Regional Group's activities by various members of their quality improvement team, often including some combination of a medical director, members of the nursing staff, a data analyst and/or a program manager.

HIVQUAL-US Regional Groups are a collective body of Ryan White grantees representing a particular geographic area that collaborate to build capacity for peer learning by sharing improvement strategies and best practices among their quality management programs. Each group is assigned an experienced consultant who provides quality improvement expertise through facilitation, coaching and mentoring.

Led by consultant Nanette Brey Magnani, the Mississippi HIVQUAL Regional Group first identified rates for Pap tests performed as a target-area for a shared quality improvement project in 2010. Members are well aware of the critical impact of Pap tests on female HIV+ patients' health outcomes. Cervical cancer is the third most common type among women in the general population. Women living with HIV infection are at a heightened (two- to three-fold) risk of developing cervical cancer yet are less likely to receive routine Pap tests compared to their HIV-negative counterparts. Furthermore, HIV-positive women with invasive cervical cancer are more likely to present at more advanced stages and metastasize to unusual locations.

To quantify performance and

ensure comparability across all participating clinics, the Mississippi HIVQUAL Regional Group agreed to a shared quality measure for Pap tests based upon the HRSA/HAB Performance Measures, Group 2 (For a list of all indicators, please visit: <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>). All female HIV-positive patients, eighteen years and older, who had a medical visit with a provider with prescribing privileges at least once in the measurement year were counted as part of the measure's denominator. Numerator patients included those for whom a Pap test result was documented during the measurement year. Participating clinics' baseline Pap test values ranged between 11 and 71%. Each quality improvement team then set goals or objectives accordingly. For example, MMC hoped to increase Pap test rates from 60.87% to 85% by the end of 2010.

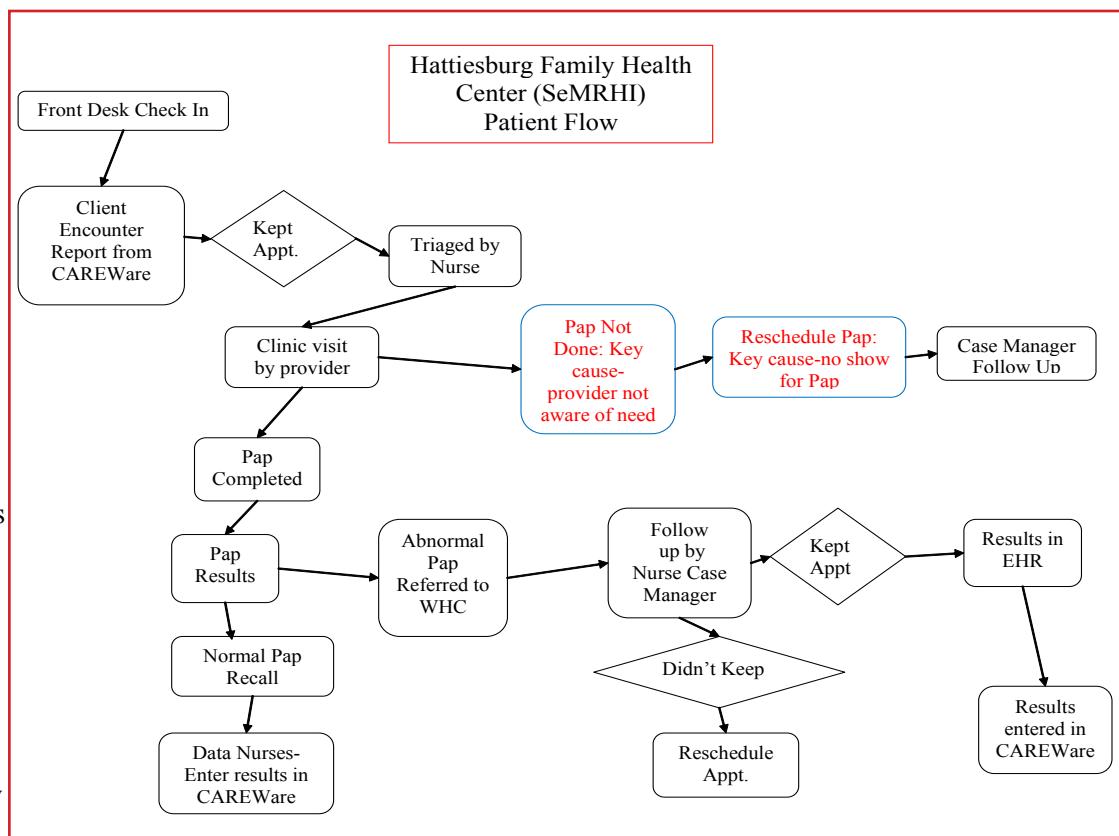
As a first step, every QI team brainstormed key underlying barriers that may prevent female patients from successfully completing the recommended annual Pap test. Screening refusals, appointment no-shows, and a lack of reminders or prompts for providers and/or patients when a Pap test is due were among those most frequently cited. Some clinics found it particularly difficult to track the occurrence and results of those Pap tests performed off-site or by referral.

Different intervention schemes were then implemented at each participating clinic, often evolving as necessary. SeMRHI found patient incentives such as hygiene packets to be ineffective in 2008. However as staff members distributed a **revised Pap test policy, enhanced patient education and Pap test scheduling, and hired a licensed practical nurse**

Participating Program	Total Female Patients	Baseline Pap Test Rate	Goal Pap Test Rate	Achieved Pap Test Rate
Delta Regional Medical Center	48 (41.0%)	17.0%	55.7%	80.0%
Magnolia Medical Clinic	118 (46.3%)	71.0%	85.0%	84.9%
Southeast MS Rural Health Initiative, Inc.	216 (32.8%)	50.0%	--	67.0%
G.A. Carmichael Family Health Center	44 (36.0%)	48.0%	--	60.5%

Source: Mississippi Regional Group

(LPN) to improve data entry processes, rates for Pap tests increased from 50% to 56% in 2009. With the introduction of the **highlighted note “Pap Me” on the front of clinical encounter forms for patients due for a Pap test**, SeMRHI saw performance reach 67% by November of 2010. The QI team at Delta Regional Medical Center began to hold **daily morning sessions for providers to review charts** of next days’ appointments identified as in need of a Pap test according to the CAREWare-generated clinical encounter reports. If the group did not meet on any given day, the Coordinator of Quality Management instead **reviewed the patients’ charts and notified staff as necessary through verbal communication and Post-It notes** placed



Source: Southeast Mississippi Rural Health Initiative, Inc.

in the chart. All female patients were also asked to sign a **“release of information” request** to allow Delta Regional staff to receive the results of any Pap test performed by an outside provider. Patient-level data were then systematically entered and organized in an Excel file to be reviewed by the Delta Regional QI team for accuracy. A similar intervention protocol was implemented at G.A. Charmichael Family Health Center.

Clinic teams reported quarterly during Regional Group meetings. Rates for Pap tests rose substantially across all facilities participating in the MS Regional Group’s shared QI project. MMC reached the highest calculated value at 84% whereas Delta Regional saw the greatest overall increase (69%) from baseline.

In order to sustain these improvements, each clinic developed plans to systematize successful interventions and expand upon existing strategies. For example, at SeMRHI, the QI team plans to introduce in 2011 **personalized reminder cards addressed to patients due for an annual Pap test**. MMC will coordinate **communications between those females who have not yet received a Pap test and district social workers**; examine the frequency with which MMC staff **updates patient contact information**; and **track pending Pap test results done at private or off-site providers**. Patients in need of a Pap test are now **flagged daily in encounter reports** while follow-up appointments are scheduled within thirty-days of any Pap test performed on-site or scheduled by referral.

These efforts demonstrate the Mississippi HIVQUAL Regional Group’s common ingenuity and collaborative spirit in improving rates for cervical cancer screening and resulting health outcomes for female HIV+ patients. As a next step, participants hope to share their retention and viral load suppression data. Storyboard presentations further detailing the work of Delta Regional, MMC and SeMRHI are available to view on the HIVQUAL-US website (<http://www.hivqualus.org>).

HIVQUAL-US is supported through US Department of Health and Human Services, Health Resources and Services Administration.

For more information on HIVQUAL-US or the HIVQUAL-US Briefs, please contact Amanda Bowes at [acb11@health.state.ny.us](mailto:acb11@health.state.ny.us).

### Announcement: HIVQUAL-US ABIM Approved Quality Improvement Pathway

New York State Department of Health, AIDS Institute, HIVQUAL-US has received approval from the American Boards of Allergy and Immunology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Preventive Medicine and Surgery to participate as a Portfolio Sponsor under the pilot of the Multi-Specialty Maintenance of Certification Portfolio Approval Program. Physicians who are engaged in quality improvement through HIVQUAL can earn Maintenance of Certification (MOC) Part IV practice credit through HQ-US from these certifying Boards.

Guidelines and procedures for enrollment and participation in HIVQUAL-US as an AQI Pathway are available on our website [www.hivqualus.org](http://www.hivqualus.org) or through your local HIVQUAL consultant.

For more information on the HIVQUAL-US Multi-Specialty AQI Pathway, please contact Joshua Bardfield at [jeb16@health.state.ny.us](mailto:jeb16@health.state.ny.us).