



2010 Cervical Cancer Screening HMO QI Fund Project Results

The purpose of the Cervical Cancer Screening QI Fund Project is to promote cervical cancer screening for early detection of cervical cancer in women age 24 to 64. The project is based on a three-year rate, services in 2007-2009. The goal of the project was $\geq 70\%$.

Project Year	Measurement Period	Initial Population	Total Number of Members Excluded	Final Population	Number of Members with a Pap Test	Cervical Cancer Screening Rate
2009	2006-2008	166,567	2,680	163,887	115,677	71%
2010	2007-2009	175,595	3,277	173,318	128,781	75%

Identified Barriers to Cervical Cancer Screening:

Members:

- Mailed the reminder cards “*Make an Investment in Your Health*” and “*Celebrate Healthy Birthdays*” during the member’s birthday month. The reminder cards:
 - Provide information on the screening recommendations for Pap tests
 - Encourage female members to contact their PCP or WPHCP to discuss the starting age and frequency of Pap tests with their physicians

Physicians:

- May not routinely recommend Pap smears to their patients
- May not have a systematic method to track preventive services
- May not code with a specified Pap test code

IPAs:

- May not understand the process regarding administrative data
- May not have a method to motivate their physicians to improve care
- May not be receiving provider encounters for each visit
- May not include lab data with submission of encounters

Interventions Implemented to Address Identified Barriers:

Members:

- Mailed the reminder cards “*Make an Investment in Your Health*” and “*Celebrate Healthy Birthdays*” during the member’s birthday month. The reminder cards:
 - Provide information on the screening recommendations for Pap tests
 - Encourage female members to contact their PCP or WPHCP to discuss the starting age and frequency of Pap tests with their physicians
- Published an article in the Fall/Winter 2010 issue of *blue prints for health* entitled “Feel Well at Every Age: Preventive Care is the Key to a Healthier Life” which included information on cervical cancer screening.

The number of members who received the monthly mailing is detailed in the table below.

Year	Number of Members
2010	183,798

Physicians/IPAs:

- Continue public reporting through the Blue StarSM Medical Group/IPA Report.
- Provide feedback to the IPAs regarding performance.
- Conduct an annual IPA HMO QI Fund Training and quarterly QI Forums.

- Provide individual training for IPAs as needed.
- Make the HCSC Preventive Care Guidelines available on the BCBSIL website.
- Continue the member outreach portion of the Cervical Cancer Screening Project.
- Continue the member educational outreach with the birthday reminder mailers.

The Member and Physician Outreach portion of the QI Fund continued in 2010. IPAs were rewarded for providing member and physician outreach for female members age 40-69 who were identified as needing cervical cancer screening. The goals of the 2009 Cervical Cancer Screening Physician Outreach portion of the 2008 QI Fund Project were to:

- encourage PCPs and WPHCPs to recommend preventive care services to their patients
- motivate IPAs to develop and maintain systems to perform outreach
- communicate to members recommendations regarding preventive care
- close gaps in care for members who have not received the recommended services

The Cervical Cancer Screening Member and Physician Outreach Results are as follows:

Submission of a completed Attestation Form with required supporting documentation of all required elements.	Number of IPAs Meeting Project Requirements
2010	100% (75/75)

Identified Barriers for Outreach:

- Some IPAs voiced concern about competing priorities.
- Although many tasks related to Physician and Member outreach are administrative, effective clinical leadership is required for successful outcomes.
- Many IPAs lack understanding of the importance of outreach.

Effective Outreach Requires:

- A culturally sensitive approach
- A team effort with engaged providers
- Good communication between clinical and non-clinical staff
- Evaluating the results and using the information to improve the process

Interventions:

- A QI Fund payment was available to IPAs for completion of physician and member outreach.
- The QI Staff provided educational programs, including the QI Forum.
- The IPAs were required to consult with their physicians to develop the IPA plan for outreach.

The percentage of women screened for cervical cancer increased by four percentage points over the 2009 project results, exceeding the goal of $\geq 70\%$. Several factors contributed to the increase in the Cervical Cancer Screening rate.

- More timely submission of encounters by the IPAs
- More complete submissions of encounters by the IPAs
- Improved quality of information on the encounters
- Continued outreach efforts by the IPAs