

## Recommendation Framework

The workgroup's goal is to for all people with cervical tissue to be appropriately screened and receive follow-up, if needed, for cervical cancer in order to decrease the incidence of and mortality from cervical cancer.

Focus Area	Action Steps
<b>Tracking</b>	<ul style="list-style-type: none"> <li>• Track outcomes and identify disparities in cancer screening and mortality through a comprehensive cancer screening registry including colon, breast, and cervical cancers. The registry will include at minimum screening, screening outcome, and factors that influence screening and outcome including race, ethnicity, and insurance status.               <ul style="list-style-type: none"> <li>○ Short term goal: Individual site-level registry</li> <li>○ Long-term goal: Centralized registry managed by state agency</li> </ul> </li> <li>• Conduct outreach including follow-up on abnormal pap tests.               <ul style="list-style-type: none"> <li>○ Manage outreach and registry through dedicated role at site level</li> <li>○ Prioritize outreach to populations with historical or demonstrated lower screening rates including minoritized individuals, those covered by Medicaid, the underinsured, and the uninsured</li> </ul> </li> <li>• HPV vaccination?</li> </ul>
<b>Measurement</b>	<ul style="list-style-type: none"> <li>• Request self-reported race and ethnicity at a site level and report at a health plan level to identify disparities to develop actionable plans to address those disparities</li> <li>• Report screening completion by race and ethnicity by site and health plan</li> <li>• Include measurement of cervical cancer screening for all appropriate populations including for Medicaid</li> <li>• Track positive tests with follow-up</li> </ul>
<b>Person-Centered Care</b>	<ul style="list-style-type: none"> <li>• For those with cervical tissue follow recent <a href="#">USPSTF recommendations</a> <ul style="list-style-type: none"> <li>○ Stratify risk and type of test based on age (e.g., under 21, 21 to 29 years, 30-65 years, over 65 years) and whether the person has had a hysterectomy</li> </ul> </li> <li>• Discuss the type of screening test being conducted with the patient</li> <li>• Provide culturally humble and responsive care, building interpersonal trust within the clinical visit</li> </ul>
<b>Payment</b>	<ul style="list-style-type: none"> <li>• Tie provider payments to showing improvement in cervical cancer screening rates in state health care purchasing contracts</li> <li>• Waive member cost share for follow-up evaluation on abnormal screening test whether polypectomy or biopsy is performed</li> </ul>

## Stakeholder Checklists

### Delivery Organizations

- Onsite cancer screening registry of the practices' attributed population including:
  - Age
  - Sex at birth and gender (if available)
  - Race
  - Ethnicity
  - Insurance status
  - Modality selected for screening
  - Screening dates
  - Screening results
  - Follow-up steps
- Registry is used to electronically notify providers during a visit with appropriate patients based on age, hysterectomy
- Specific staff person or persons is dedicated to managing registry and outreach
- Outreach occurs to those within attributed population due for cancer screening at appropriate year intervals depending age
- Prioritize outreach to populations with historical or demonstrated lower cervical cancer screening rates including:
  - Hispanic
  - Medicaid
  - Underinsured
  - Uninsured
- Cultural competency
- Providers are trained or receive access to training on how to have a conversation about types of cervical cancer screening tests, addressing fear of a positive screen
- HPV vaccine?
- Patient decision aids ?

#### *Cervical Cancer*

- [Pap test: Should I have colposcopy if my Pap test shows minor cell changes?](#) Healthwise

#### *Cervical Cancer Screening*

- [Making Choices: A decision aid for women with a mildly abnormal pap smear.](#) University of Sydney

#### *HPV*

- [HPV: Should I Get the Vaccine?](#) Healthwise

**These recommendations not intended to be used in lieu of medical advice.**

### ***Patients and Family Members***

- Understand your personal risk of cervical cancer
  - “Cervical cancer starts in the cells lining the cervix -- the lower part of the uterus (womb). The cervix connects the body of the uterus (the upper part where a fetus grows) to the vagina (birth canal). Cancer starts when cells in the body begin to grow out of control. “ More information [here](#)
  - [Basic Information About Cervical Cancer](#) from the Centers for Disease Control and Prevention
- HPV vaccine??
- If you are aged 21 to 65, you should be screened for cervical cancer using a test that is appropriate for your age.
- If you are over 65, talk to your provider about whether you have had adequate prior screening and are not otherwise at high risk for cervical cancer. If you have had appropriate screening, you may not need to continue screening

### **Providers**

- Understand the USPSTF cancer screening recommendations by age and risk category and the appropriate tests for cervical cancer screening
- Understand and utilize the cancer screening registry available in your practice
- Participate in skills training around shared decision making specific to cancer screening. This is a learned skill set that is supported by patient decision aids

### **Health Plans**

- Collect data on cervical cancer screening, including demographics such as patient race and ethnicity
- Waive member cost share for follow-up to a positive screen (relevant?)**
- Track and report cervical cancer screening for eligible adults and stratify by race including for Medicaid

### **Employers**

- Incorporate cervical cancer screening metrics into any value-based contracts (e.g., Centers of Excellence, Accountable Care Organizations)
- Consider education about relevant cancer screenings aligned with the USPSTF recommendations

### **Washington State Health Care Authority**

- Require Medicaid Managed Care Plans to report on percentage of eligible adults screened for cervical cancer NQF and by race and ethnicity
- Certify patient decision aids for cancer screening including for cervical cancer

### Washington State Department of Health

- Develop a statewide cancer screening registry for people aged 21-75 or who are otherwise appropriate for receiving breast, cervical, and/or colorectal cancer screening including:
  - Patient identifier
  - Age
  - Sex at birth and gender (if available)
  - Race
  - Ethnicity
  - Insurance status
  - Modality selected for screening
  - Screening date
  - Screening result
  - Follow-up steps
- Use data from the registry to compare the rate of cancer screening, stage at diagnosis, and mortality compared across health plans and delivery systems

### Washington State Legislature

- Mandate health plan reporting on available race and ethnicity data for all quality performance metrics

### NCQA

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<https://www.ncqa.org/hedis/measures/cervical-cancer-screening/>

Assesses women who were screened for cervical cancer using any of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.