

2016

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Stephanie Alexis Brooks

University of Vermont, College of Medicine

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Brooks, Stephanie Alexis, "Increasing Patient Understanding & Provider Awareness of Pap Smears" (2016). *Family Medicine Clerkship Student Projects*. Book 166.

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INCREASING PATIENT UNDERSTANDING & PROVIDER AWARENESS OF PAP SMEARS

EMMC Center for Family Medicine, Bangor ME

Stephanie Brooks, MSIII

University of Vermont College of Medicine

May 2016

Advisor: Dr. Robin Pritham

Collaborating Student: Do Gwak, MSIII, UVM COM

- ▶ In the past 60 years, rates of cervical cancer have dropped dramatically, thanks to effective screening with scheduled pap smears. ¹
- ▶ Despite this apparent success, one individual pap smear alone only has a sensitivity of about 50-60%. Thus, effective screening relies on repeated testing, presuming that what may be missed on one pap smear will be picked up by the next. ¹
- ▶ The overall survival rate for cervical cancer is 67.5%. However, when found at an earlier, localized stage, survival rates increase to nearly 92%, while those found later or who have already progressed to regional or distant metastatic disease have rates closer to 58% and 17%, respectively. ² Thus, early detection is crucial in increasing survival.
- ▶ Upon initial chart review, only 40-50% of women at the EMMC Center for Family Medicine had an up to date pap smear on file.

PROBLEM IDENTIFICATION

▶ **Death Toll:**

- ▶ In 2012 (the most recently available year):
 - ▶ 12,042 women were diagnosed with cervical cancer
 - ▶ 4,074 women died from cervical cancer³
- ▶ Though the state of Maine has one of the lowest incidence of new cervical cancer cases in the country (around 4.3 to 6.4 per 100,000), the rate of death caused by cervical cancer is higher than in other states with similar incidence rates, around 2.2 to 2.9 per 100,000.⁴

▶ **Financial Burden:**

- ▶ Though the HPV vaccine has recently added a new component to the prevention of cervical cancer, the cost of this vaccine has been considerable, with the Merck cost of the vaccine estimated around \$360 for all three doses.⁵ For women without insurance, the cost could be prohibitive. However, women in Maine without insurance can receive coverage for pap smears through the Maine Breast and Cervical Health Program (MBCHP),⁶ stressing the need for providers to seek pap smears as a cost effective means of preventing cervical cancer for women unable to pay for the vaccine.

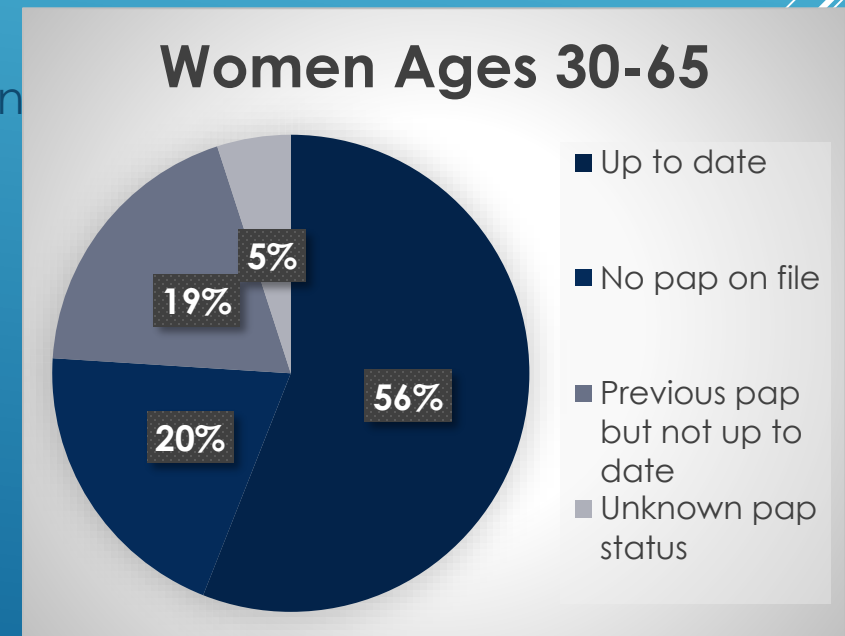
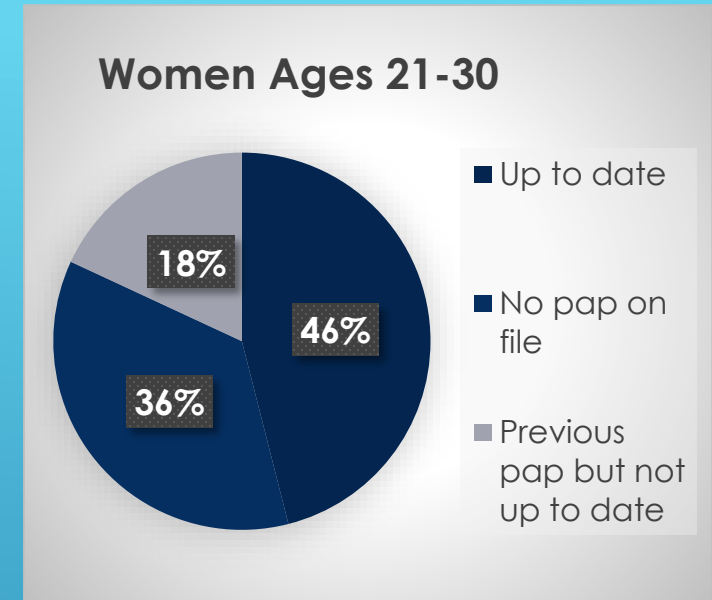
PUBLIC HEALTH COST

- ▶ Kathy Hanson, NP, Midwife:
 - ▶ **What are some reasons women refuse pap smears?:** “There are a number of reasons, including a bad previous experience or a history of sexual abuse or trauma...Another interesting one is women who have had previous miscarriages don't want anything put in their vagina until they are past 12 weeks (when they are pregnant).”
 - ▶ **What are some misconceptions women have about pap smears?:** “Many people still don't know why they're being done. They'll say to me 'Tell me again what you're looking for?' They don't understand just what cervical cancer is & how preventable it is. A big question I hear is not understanding why things have so drastically changed, especially in the older women. People also think anytime a speculum has gone in the vagina, a pap smear has been done, such as if they go to the ER to check for vaginitis, they think a pap smear has been done.”
- ▶ Dr. Jessica Bloom-Foster, MD:
 - ▶ **What are some reasons women refuse pap smears?:** “The most common reason is they are uncomfortable. They may have had a bad experience with a provider in the past. I think it's possible that the changes in guidelines make people think they're less important than they used to be, since women are used to getting one ever year.”
 - ▶ **What are some things a provider can do to make women feel more comfortable during a pap smear?:** “The biggest thing is telling them that they're in control of whole process, asking frequently 'Are you ready for me to do this? I'm not going to do this until you tell me you're ready.' Loss of control is the biggest source of fear. Allowing them to have a support person with them, often a supportive partner aware of [history of sexual] trauma, or parent or friend.”

- ▶ **Goal:** The goal of our project was to get a sense of why pap smear rates were so low on our initial, unrefined chart review.
- ▶ **Methodology:** In order to determine why pap smear rates were low, we took a two-pronged approach. First, we interviewed providers about why they believed women would refuse or miss a pap smear. Second, we performed a more in depth chart review, looking at rates of pap smears in different age groups & accounting for the different USPSTF guidelines for different age brackets (i.e. pap smear every three years for women ages 21-29, every 5 years for women 30-65 with co-testing). The latter prong allowed us both to identify a more accurate assessment of the rate of pap smears in the Family Medicine Center & to explore how documentation may play a role in losing track of an individual patient's pap smear history or falling behind on the recommended pap smear guidelines.
- ▶ **Intervention:** Using information from our interviews with community providers, augmented some by our own research, we created a flyer to be given to patients. The pamphlet focused on educating patients about the reason for the procedure & how it the procedure is done, the risks associated with cervical cancer, and ways they can take control during a pap smear. Indirectly, we hoped this flyer would also be an educational tool for providers, reminding them of the recommended guidelines & increasing awareness of how to create a positive environment for patients during a pap smear.

INTERVENTION METHODOLOGY

- ▶ **Out of 365 patients between ages 21 and 30 years old:**
 - ▶ 168 (46%) of patients had received a pap smear in last 3 years (up to date)
 - ▶ 131 (18%) of patients have had pap smear done in the office at one point, but did not receive during last 3 years.
 - ▶ 66 (36%) of patients had never receive pap smear at the office or had no record of a pap smear on file
- ▶ **Out the of 1,963 patients between ages 30 and 65 years old:**
 - ▶ 1,099 (56%) of patients had received a pap smear in last 5 years (up to date)
 - ▶ 393 (20%) of patients received have had pap smear at one poin in the past but had not received one in last 5 years
 - ▶ 373 (19%) of patients had no pap smear on record
 - ▶ 98 (5%) of patients had unknown pap smear status



RESULTS

- ▶ Approximately 50% of female patients at the office have been following USPSTF guidelines for pap smears, having received a pap smear in the last 3 or 5 years for women ages 21-29 and 30-65, respectively.
- ▶ 19% of patients ages 21-29 and 36% of patients ages 30-65 did not receive a pap smear from the office. Random chart sampling showed some of these patients had received pap smears elsewhere; however, most had no pap smear on record.
- ▶ Some women had indicated to their provider that they believed they had received a pap smear from their gynecologist; however, in many cases, an official record was not on file.
- ▶ While some women did have information on file from their OB/GYN about a previous pap smear, this information was sometimes difficult to find in the chart, filed amongst many previous office notes and only available as an attached file.
- ▶ Because the most recent USPSTF guidelines have extended the period between pap smears from 1 year to 3 or 5 years, depending on the age of the patient, many providers allowed patients to defer getting a pap smear until their next visit. However, when such a deferral was followed a number of no-shows or canceled visits, many patients were found to fall outside of the recommended 3 or 5 year guidelines.

RESULTS, CONTINUED

▶ Effectiveness

- ▶ Our flyer effectively addressed many of the concerns brought up by providers as to why women may refuse or be confused about pap smears, their utility & importance.
- ▶ Our flyer also made other, less experienced providers more aware the concerns & misconceptions female patients have about pap smears, hopefully making these providers more aware of how to engage with a patient on the topic of pap smears.
- ▶ Our research into the rates of pap smears on file in the office revealed a significantly lower number of patients up to date on pap smears than previously perceived by providers in the EMMC Family Medicine Center.

▶ Limitations

- ▶ Our chart review was limited by the criteria the search engine would accept. For example, we were unable to filter out women who had had a hysterectomy for non-cancerous reasons, thus skewing statistics for that population.
- ▶ We were unable to evaluate the effectiveness and acceptability of our flyer in the actual patient population.

EFFECTIVENESS AND LIMITATION

- ▶ Encourage providers to have a more open dialogue with patients about their concerns about and understanding of pap smears, allowing providers to more appropriately address individual patients' reasons for missing or refusing a pap smear
- ▶ Educate providers about techniques for making female patients more comfortable during a pap smear, with special attention paid to the possibility of any patient having an undisclosed history of sexual trauma
- ▶ Restructure EMR to alert physicians when a patient's pap smear is overdue, as well as encouraging physicians to more consistently documenting in the "Protocols" section when a patient had last received a pap smear
- ▶ Assess effectiveness of flyer, both in regards to patient awareness and understanding of pap smears and in regards to changing provider approach to conversation about and techniques used during pap smears

RECOMMENDATIONS FOR THE FUTURE

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