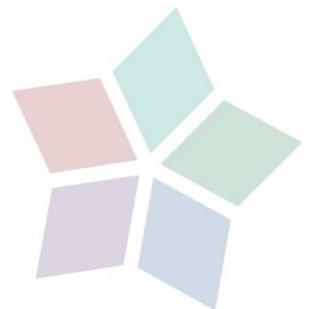




South Country Health Alliance
Cervical Cancer Prevention Screening
2022 Focused Study



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Subpart 1. Focused studies.

This focus study is directed at the opportunity to improve routine prevention screening for cervical cancer and early detection of cervical cancer.

Subp. 2. Topic identification and selection

The primary goal of this focus study is to increase the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 who receive a cervical cancer screening. This topic selection is justified based on the considerations with the following, MN Rules 4685.1125, areas where problems have occurred in the past, and areas that can be corrected or where prevention may have an impact.

Besides confusion about whether and when to screen, other factors that prevent women from being tested, such as lack of a regular health care provider, and lack of transportation. South Country data shows a significant opportunity to outreach to our eligible members to educate on the reasons to have a cervical cancer screening, types of cervical cancer screenings, and the South Country coverage for these screenings. We also have an opportunity to increase our outreach to our providers in educating on the importance of recommended guidelines for regular cervical cancer screenings.

A. areas of high volume;

South Country Prepaid Medical Assistance Plan (PMAP) program, which is our largest program along with MinnesotaCare, SingleCare, SharedCare, and AbilityCare providing Medical Assistance health care coverage. Preventive care and well care rewards for completing screenings and well care visits are promoted for members on all of these programs.

B. areas of high risk;

Cancer prevention and early detection are central to the American Cancer Society's (ACS') mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung. Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services. Yet far too many individuals for whom screening is

recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic.¹

C. areas where problems are expected or where they have occurred in the past;

South Country is below the average and trending downward likely enhanced by the pandemic and the lack of members going in to see their primary care doctor.

Possible barriers - how to get the test, when to get the test, why to get the test, and benefits, also, should identify the simplicity of getting the test and the specific provider/way to get the test quickly and easily

The most important thing you can do to help prevent cervical cancer is to get vaccinated early and have regular screening tests.²

Cervical Cancer Screening is available through three different methods:

A Pap test only. If your result is normal, your doctor may tell you that you can wait three years until your next Pap test.

A Human Pappiloma Virus (HPV) test only. This is called primary HPV testing. If your result is normal, your doctor may tell you that you can wait five years until your next screening test.

An HPV test along with the Pap test. This is called co-testing. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test³.

D. areas that can be corrected or where prevention may have an impact.

South Country can enhance our current prevention processes by continuing to promote HPV vaccination and adding promotion and education on all recommended screening methods.

- Pap smear tests should begin at age 21.
- HPV Vaccinations HPV vaccination is recommended for preteens aged 11 to 12 years but can be given starting at age 9.
- HPV vaccine also is recommended for everyone through age 26 years if they are not vaccinated already.⁴
- HPV Test if you're age 30 or older or if your Pap test was abnormal showing atypical squamous cells of undetermined significance⁵

¹ [ACS Guidance on Cancer Screening-Report October-2020 Overview.pdf](#)

² [What Can I Do to Reduce My Risk of Cervical Cancer? | CDC](#)

³ [What Should I Know About Cervical Cancer Screening? | CDC](#)

⁴ [What Can I Do to Reduce My Risk of Cervical Cancer? | CDC](#)

⁵ [HPV test - Mayo Clinic](#)

Subp. 3.

Study.

Performance Data

HEDIS Measurement Year (MY) 2020 Cervical Cancer Screening measure will be used as the baseline rate to determine the expected outcome performance measurement rate. The rate will be calculated for each measurement year and the methodology will be applied over the course of the three (3) measurement years following HEDIS technical specifications.

A. the focused study question;

Will the intervention strategies of this focus study increase the rate of cervical cancer screenings for PMAP, MinnesotaCare, SingleCare, SharedCare, and AbilityCare members? The 3-year average (MY 2018-2020) will be used to determine the goal rate for the project.

B. the sample selection; HEDIS Data and/or claims data

HEDIS MY	Intervention Year
2020	Baseline
2021	Pre-Implementation
2022	Year 1
2023	Year 2
2024	Year 3

C. data collection;

Denominator Women 24–64 years as of December 31 of the measurement year.

Numerator The number of women who were screened for cervical cancer. Either of the following meets criteria:

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years prior to the measurement year **and** who were 30 years or older on the date of the test.

***Note:** Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore additional methods to identify cotesting are not necessary.*

Cervical Cancer Screening				
Product	Baseline HEDIS MY 2020	Year 1 2022	Year 2 2023	Year 3 2024
		HEDIS MY 2021	HEDIS MY 2022	HEDIS MY 2023
PMap	54.01%	TBD	TBD	TBD
MNCare	54.99%	TBD	TBD	TBD

AbilityCare	64.09%	TBD	TBD	TBD
SingleCare_SharedCare	48.66%	TBD	TBD	TBD

PMAP

The 3-year (MY 2018-2020) average HEDIS rate for PMAP is 54.99%. South Country's goal is to increase the PMAP HEDIS rate to 61.8% over the three-year project which is a 6.81% increase.

MNCare

The 3-year (MY 2018-2020) average HEDIS rate for MNCare is 52.55%. South Country's goal is to increase the MNCare HEDIS rate to 59.37% over the three-year project which is a 6.82% increase.

SingleCare & SharedCare

The 3-year (MY 2018-2020) average HEDIS rate for SingleCare_SharedCare is 48.66%. South Country's goal is to increase the SingleCare_SharedCare HEDIS rate to 55.72% over the three-year project which is a 7.06% increase.

AbilityCare

The 3-year (MY 2018-2020) average HEDIS rate for AbilityCare is 61.22%. South Country's goal is to increase the AbilityCare HEDIS rate to 69.80% which is an 8.58% increase.

South Country will adjust our data collection measurements as needed to follow any changes made in the HEDIS technical specifications throughout the duration of this project.

D. criteria

The percentage of women 21–64 years of age who were screened for cervical cancer using the following measurement techniques.

E. measurement techniques.

- 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) co-testing within the last 5 years

Subp. 4. Corrective actions.

Any corrective actions implemented to address problems identified through focused studies shall follow the requirements defined in part [4685.1120](#), subparts 3 and 4. South Country will review the Focus Study annually to review the data results and determine whether there is a need for a Corrective Action Plan and or any updates to the Focus Study to ensure that the goals and intervention align to meet the goal of getting our PMAP, MNCare, SingleCare, SharedCare and AbilityCare members ages 21-64 to complete their cervical cancer screening.

Interventions.

South Country will use several interventions using language that is in terms understandable to the patient.

Intervention 1:

Education in the South Country Provider Newsletter informing providers of the new focus study.

Intervention 2:

Facebook education regarding the importance of Cervical Cancer Screening each year during Cervical Cancer Screening Month in January

Intervention 3:

Implementation of a \$25.00 Cervical Cancer voucher available once per year to focus study eligible members who receive a cervical cancer screening

Intervention 4:

Annual educational mailings to members ages 21-64 with no cervical cancer screening within the last 5 years educating on the importance of cervical cancer screening and the different screening options.

Intervention 5: Collaboration with American Cancer Society to co-sponsor a Cervical Cancer educational Webinar.

Signatures of Approval

 <small>B311B6E335BE488...</small>	12/15/2021
Director of Community Engagement	Date
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Manager of Quality	Date
 <small>891618EF4857438...</small>	12/15/2021
Medical Director	Date

