

# Quality Measure Highlight

## Cervical Cancer Screening (CCS)

### MEASURE DESCRIPTION

The percentage of women 21 - 64 years of age who were screened for cervical cancer - using either of the following criteria: **(Numerator)**

- **Criteria 1:** Women age **21 - 64** (as of December 31 of the measurement year or the two years prior to the measurement year) who had cervical cytology (Pap smear) performed every 3 years (e.g., screening in measurement year **2018, 2017, or 2016**).

For women who did not meet Criteria 1, see Criteria 2.

- **Criteria 2:** Women age **30 - 64** who had cervical cytology/human papillomavirus (HPV) \*co-testing performed every 5 years (e.g., screening on the same date of service during **2018** or the four years prior **2017, 2016, 2015, 2014**).

**Measure Type:** Hybrid - medical record, claims, lab data **(Denominator)**

**Intent / Importance:** To detect cervical cancer in its early stages. For women in the noted age ranges to be educated on the importance of having a Pap test (cervical cytology) every 3 - 5 years and for the providers to make the tests convenient and accessible.

<u>PCP QIP 2019</u>	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	Family Adult Medicine	5 points 10 points	70.68%	90 <sup>th</sup>
<b>Half Points</b>	Family Adult Medicine	2.5 points 5 points	66.01%	75 <sup>th</sup>
<b>Relative Improvement Threshold</b>	Family Adult Medicine	5 points 10 points	60.10%	50 <sup>th</sup>

### Compliant Documentation:

- 21 - 64 years of age
  - Pap test with collection date and result (e.g., MD documents Pap smear done on 3/15/17, Pap was normal, or lab results show cervical cytology collected on 3/15/17, final report on 3/17/17 normal, no atypical cells)
  - Lab results indicate the sample contained “no endocervical cells” **and** a valid result is reported for the test (e.g., no dysplasia, no atypical cells)

- 30 - 64 years of age
  - Pap test **and** HPV test with the same date of service (e.g., On 2/3/15 the order reads - PAP **with** or **and** HPV testing [\*This is known as “Co-testing” the samples are collected and both tests are ordered, regardless of the cytology result on the same date of service])

### **Non-Compliant Documentation:**

- \*Reflex testing - when the HPV test was performed only after determining the cytology result - virus group number (e.g., Thin Prep Pap with reflex to HPV HR 16, 17, Thin Prep reflex HPV, Pap Test with reflex to HR HPV), Pap with HPV if ASCUS (Atypical Squamous Cells of Undetermined Significance)
- Lab results that explicitly state the sample was inadequate or that “no cervical cells were present”
- Biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening

### **Exclusions:**

Evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31, of the MY. *Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.* The following documentation would be adequate for documenting an exclusion:

- Complete hysterectomy
- Total abdominal or vaginal hysterectomy (TAH / TVH)
- Radical hysterectomy
- Cervical agenesis (born without a cervix)
- “Vaginal pap smear” in conjunction with documentation of “hysterectomy”
- Members in hospice are excluded from the eligible population (**Mandatory Exclusion**)

### **Strategies to Consider That May Lead to an Increase in CCS Performance:**

- Document why the member is excluded (e.g., total abdominal or vaginal hysterectomy)
- Document results of most recent Pap screening and the date screening was performed
- Promote screening at every appointment (e.g., assess barriers, provide member education, and materials in multiple languages)
- Establish a practice commitment to proactive screening. Educate and provide scripting for providers and staff on the need for preventive - proactive screening.
- Designate a team member to outreach patients due or overdue for screening
- Send one week appointment reminder (e.g., post card / letter signed by the provider), text reminder one day prior)
- Encourage, if due, patient to complete during current appointment
- Place due date sticker on health card
- Designate a block of time or day for CCS (once or twice a month)
- Establish standard practice to include cytology with HPV, specifically, for 30 years old and older
- Provide timely claims to help ensure accurate data collection