2022 Quality Measure Highlight
Cervical Cancer Screening

MEASURE DESCRIPTION

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

- **Criteria 1:** Member age **24 - 64** (as of December 31 of the measurement year) who had cervical cytology (Pap test) performed within the last three (3) years (e.g., screening in measurement year **2022, 2021, or 2020**).

For members who **do not meet** Criteria 1, see Criteria 2.

- **Criteria 2:** Member age **30 - 64** who had cervical high-risk human papillomavirus (hrHPV) testing **or** cervical cytology/hrHPV *co-testing performed within the last five (5) years (e.g., screening during **2022** or the four (4) years prior **2018 - 2022**) and who were 30 or older as of the date of testing.

Denominator: The number of continuously enrolled Medi-Cal women - 64 years of age as of December 31, 2022

Numerator: The number of women 24 - 64 years of age who were screened for cervical cancer - using either of the defined criteria.

Coding

Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

HPV Test CPT: 87620-87622, 87624, 87625

Diagnosis Codes: Q51.5, Z90.710, Z90.712

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

Measure Type: Hybrid (medical record / claims / lab data)

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

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: Managed Care Accountability Set (MCAS)

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	63.66%	75th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	59.12%	50th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Please Note

- If the doctor is willing to attest and document permanently in the member's chart a "complete," "total" or "radical" abdominal or vaginal hysterectomy date and the member provides limited date information, please use the following for uploading the date into eReports:
  a) Year - (01/01/YYYY) or (12/31/YYYY) b) Month and Year – (MM/01/YYYY) or (MM/30 or 31/YYYY) If the doctor diagnosis no residual cervix, cervical agenesis or acquired absence of cervix, please upload into eReports: Date of Diagnosis – (MM/DD/YYYY)
- For more information, please refer to the PCP QIP Specifications, or contact the QIP Team at QIP@partnershiphp.org.

Compliant Documentation

- 21 - 64 years of age.
  - Pap test with collection date and result (e.g., PCP provider documents Pap test done on 3/15/20, Pap was normal, or lab results show cervical cytology collected on 3/15/20, final report on 3/17/20 normal, no atypical cells).Lab results that 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.
  - hrHPV test with collection date and result during the measurement year or the four years prior to the measurement year
  - Pap test **and** HPV test with the same date of service (e.g., On 2/3/21 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]) with results during the measurement year or the four years prior to the measurement year.

The statement regarding reflex testing is no longer applicable for this step as the HPV testing must be done. In reflex testing it is only done if/after the pap indicates further testing is needed.

Non-Compliant Documentation

- 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

- Documentation of “complete,” “total,” or “radical,” hysterectomy (abdominal, vaginal, or unspecified), “vaginal hysterectomy” meet criteria for hysterectomy with no residual cervix through 12/31/2022.
- Cervical agenesis (born without a cervix). This includes transgender women.
- Documentation of hysterectomy and that the member no longer needs Pap testing / cervical cancer screening.
- Documentation of “vaginal Pap test” along with “history of hysterectomy.”
- Members receiving Palliative Care, in hospice and those with terminal illnesses during the measurement year.
-

Best and Promising Practices

Data and Coding

- Submit claims and encounter data within 90 days of service.
- 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.
- Compare EHR or lab requisition forms with HEDIS codes to ensure lab order is in alignment with measure.

Member Care

- Establish a practice commitment to cancer screening.
- Utilize “flag” alerts in the EMR / EHR system or pre-visit planning tools that each staff member can use to identify and communicate to members / members who are due for their screening services at every member encounter.

- Ensure female clinician is available for cervical cancer screening. If practice has no female clinician, evaluate and optimize referral pathways.
- Train entire clinical team on sexual health education, cultural competency for targeted communities, and motivational interviewing techniques.
- Consider cultural beliefs and appropriate language about cancer screening when discussing preventative cancer screening services.
- Ensure information, including education information, is consistent, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications (based on member's preference).
- Send one (1) week appointment reminder (e.g., post card / letter signed by the provider), and/or a text reminder (one (1) day prior).
- Conduct chart scrubbing prior to the visit to determine if screening / preventive services are due.
- Encourage, if due, member to complete cervical cancer screening during current appointment.
- Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components were met and documented.
- Schedule future visits while the member is waiting to be seen by the provider or before the member leaves the office.
- Actively pursue missed appointments with letters and reminder calls; designate a staff member to conduct outreach.
- Consider a variety of service options and choices - after hours and same day appointments, weekend cervical and/or breast cancer screening day(s)
- Establish standard practice to include hrHPV testing, with or without cytology, for members 30 - 64 years of age.
- For members experiencing homelessness, pair with shower clinic & feminine hygiene gift bag.

- Consider using an equity approach to increase screening rates for targeted communities. By looking at cervical cancer screening rates by race, ethnicity, location (i.e. zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.