

Providing Quality Services for HIV Positive Women in Rural Pennsylvania

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Disclosure

- I have no financial interest or relationships to disclose
- HRSA Education Committee Disclosures
 - HRSA Education Committee staff have no financial interest or relationships to disclose
- CME Staff Disclosures
 - Professional Education Services Group staff have no financial interest or relationships to disclose

Learning Objectives

1. By the end of the session participants will be able to describe the importance and need for individualized GYN care for HIV+ women.
2. By the end of the session participants will be able to explain the most important factors associated with developing a successful Women's Health Program for HIV+ women.
3. By the end of the session participants will be able to list creative ideas and incentives that will promote a successful and sustainable women's health program for HIV+ women.

HIV Clinic in Scranton, PA

- Providing HIV care in Northeastern PA since 1985
- Covers a 7-county area, ~5,500 sq miles
 - Rural area, socially conservative
- Ryan White Part C Grant since October 2003
- Part B grant in 2008
- Provides comprehensive, state-of-the-art care to all patients with HIV, irrespective of the ability to pay
 - “medical home” for patients

HIV Clinic in Scranton, PA

- Multidisciplinary team approach
 - 2 Infectious Disease physicians, nurse practitioner, nurses, nutritionist, mental health counselor, case management
 - Provides education to medical residents
- Currently 370 active patients
 - 60% men, 40% women
 - Age range: 19 yrs-77 yrs
 - 80 new patients in 2009

Cervical Cancer in HIV Positive Women

- Higher rates of infection with human papillomavirus (HPV) subtypes strongly associated with invasive cervical cancer
- Significantly higher rates of cervical intraepithelial neoplasia (CIN)
 - Rates are 10–11 times greater than those observed among HIV-negative women
 - 30–60% of Pap smears exhibit cytologic abnormalities
 - 15–40% have evidence of dysplasia

Guidelines for Cervical Cancer Screening

- First year of HIV diagnosis or first visit to clinic: Pap smear twice, six months apart
- If normal: annual Pap Smear
- Pap and pelvic exam every six months for women
 - With previous abnormal pap smears
 - With HPV infection
 - after treatment for cervical dysplasia
 - with symptomatic HIV infection (including CD4 < 200)

Year 1: Scope of the Problem

- Need to improve cervical cancer screening was identified in 2006
- Goals:
 - Promote early detection of cervical cancer
 - Decrease the incidence of cervical cancer
 - Increase the number of women receiving annual women's health exams

Year 1: Scope of the Problem

- **Initial screening rate(2006): 14%**
- Internal effort made to increase rates, which improved to 27% over 6 months
- With the help of HIVQUAL, a major QI effort was launched

Case Presentation

- DB is a 40 year old woman, HIV+, seen since 5/05, CD4 is 663, undetectable viral load
- Lives in a rural county
- Major concerns about confidentiality, body image
- Missed 2 appointments for women's health
 - Multiple phone calls; finally has pap smear 5/07
- “The other place wanted to know how I got it”; “made me feel dirty”
- “I feel safe here”; “everyone is so nice”

Barriers to Care

- Patient issues:
 - Lack of knowledge re. importance of screening
 - Lack of transportation
 - Stigma, and confidentiality issues
 - Reluctance in seeing providers
 - Competing priorities
- Provider issues:
 - Lack of emphasis on the importance of cervical cancer
 - Inadequate systems of care

Quality Improvement Effort

- Who?
 - Focus on women returning for annual visit
 - Especially those without Pap smear “in years”
- How?
 - **Staff education** to increase awareness of cervical cancer risk and impact of screening
 - **Nurse Practitioner** hired to focus on women’s health
 - Specific day designated for women’s wellness
 - No woman left the clinic without an annual woman’s health exam

Components of Women's Health Visit

- “One-stop shopping model”: combined with medical visit
- ***Pap and pelvic plus***
 - STD screening
 - Breast and colorectal cancer prevention & screening
 - Osteoporosis prevention
 - Smoking cessation counseling
 - Domestic violence screening
 - Secondary prevention
 - Medication adherence

Results: Year 1 (2007)

- In nine months:

Pap smear rates increased from
27% to 58%

Results: Year 1 (2007)

- 35% of the women have a history of, or have an abnormal Pap smear
 - consistent with the national averages
- Thus far, no woman diagnosed with cervical cancer

Years 2 and 3

- Results discussed during monthly QI meeting
- Further education of staff and patients; grand rounds
- “Spa bags” as a gift for patients
 - Put together by staff and volunteers
 - Consist of toilet items (such as soaps, lotions, dental hygiene products)
 - Funded through money from “AIDS Walk”, cash donations to clinic, donated items
- Gives patients a sense of self worth; “I feel cared for by staff”

Results: Year 2 and 3

- By the end of **year 2** (2007-2008), Pap smear screening rates increased to **73%**
- **Year 3** (2008-2009) rate: **74%**
- Occurred despite an increase in numbers of patients entering the clinic

Lessons Learned

- Establish goals
- Educate team and brainstorm
- Explore funding opportunities
- Find right partners and implement strategy (jump in!)
- Address patient concerns such as transportation
- Measure
 - “You will improve everything you measure”

Lessons Learned

- Celebrate success:
 - True staff “buy-in” is crucial
- “Focused” effort leads to patient buy-in and an opportunity for education
 - Improved adherence to medications and appointments
 - Improved return rate
- Repeat cycle...”PDSA”
- ***Persistence pays when implementing a new effort***

Next Steps

- Goal for 2010: increase women's health visit rates to 80%
 - On-going education of staff and patients about need for cervical cancer screening
 - Partnership with Maternal and Family Health Services to provide follow up of abnormal tests and colposcopy
 - Measure other aspects of care
 - Track progress and report at monthly QI meeting
- New QI focus on retention
 - Changing clinic appointment schedules
 - Analysis suggests higher retention for women than men, ? related to women's health program

Conclusions

- Focus on wellness, with patients as partners
- Regular gynecological care including Pap smear is extremely important in the HIV-infected woman
- Many barriers exist
 - Patient/client factors: stigma and discrimination; transportation issues
 - Provider/clinic factors
- Need to improve systems of care
- Find, then collaborate with local partners

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