

**IMPROVING CERVICAL AND BREAST
CANCER SCREENING IN A COMPLEX HIV
CLINICAL SETTING**

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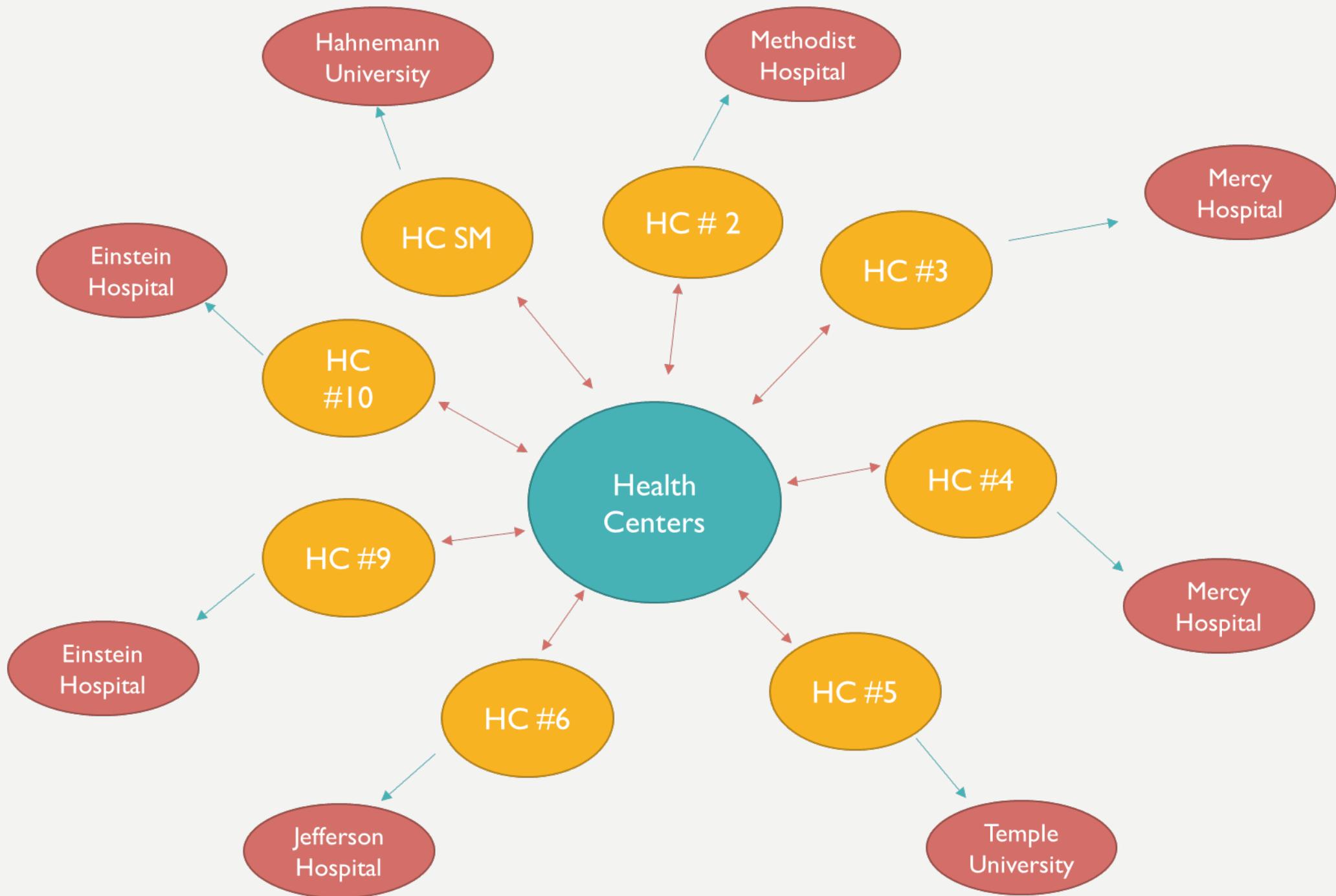
LEARNING OBJECTIVES

1. Highlight disparities in cervical and breast cancer screenings
2. Recognize structural and individual barriers to cervical cancer screening among women of color
3. Improvement strategies for cervical cancer screening in a complex health care setting

PROJECT SETTING

- City health centers provide comprehensive care to Philadelphia residents
 - 8 FQHC lookalike facilities in Philadelphia's neighborhoods
 - Each center has an HIV clinic operating 1-3 days a week
 - HC offers routine HIV testing
 - Each center has Family Planning and GYN services
 - There are 5 HC that provide mammogram screening





DEMOGRAPHICS

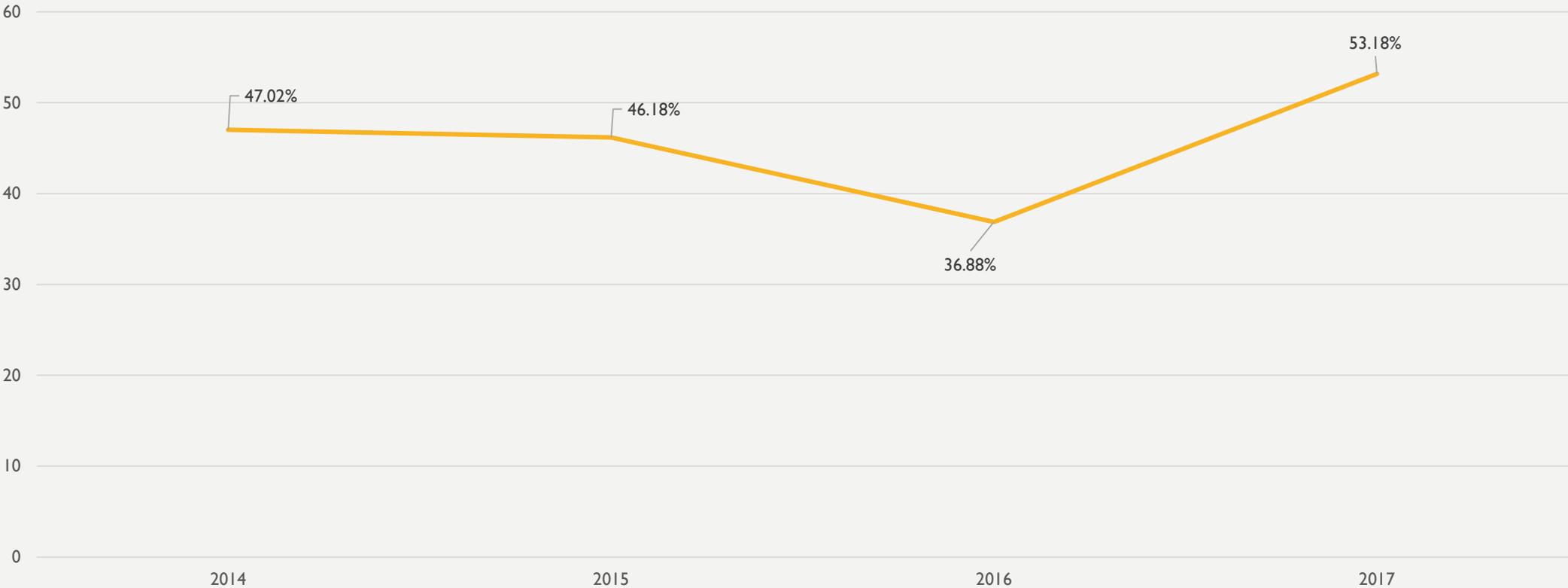
- 2016 HIV positive female patients

Asian	7
Black	367
Spanish	21
White	10

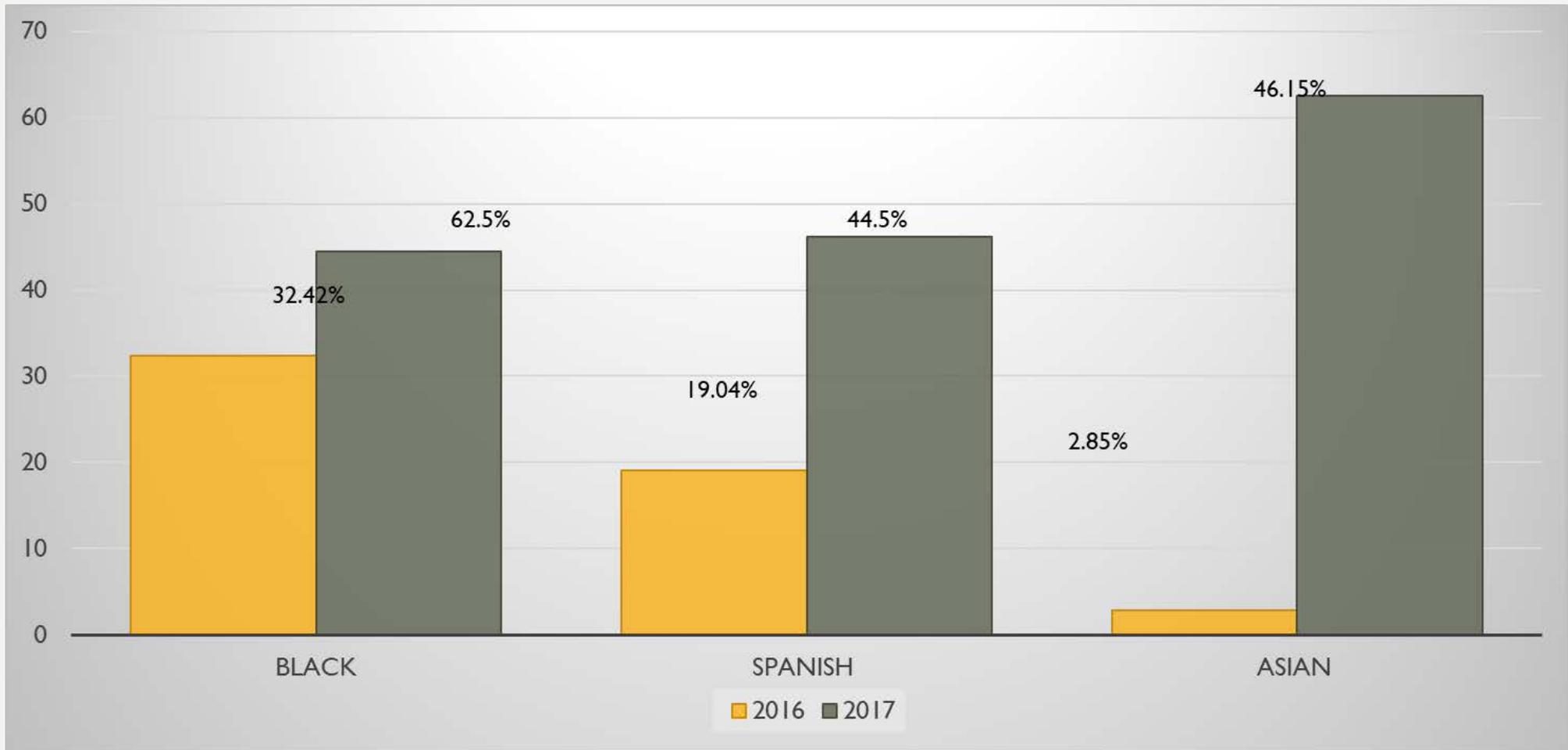
- 2017 HIV positive female patients

Asian	8
Black	362
Spanish	26
White	9

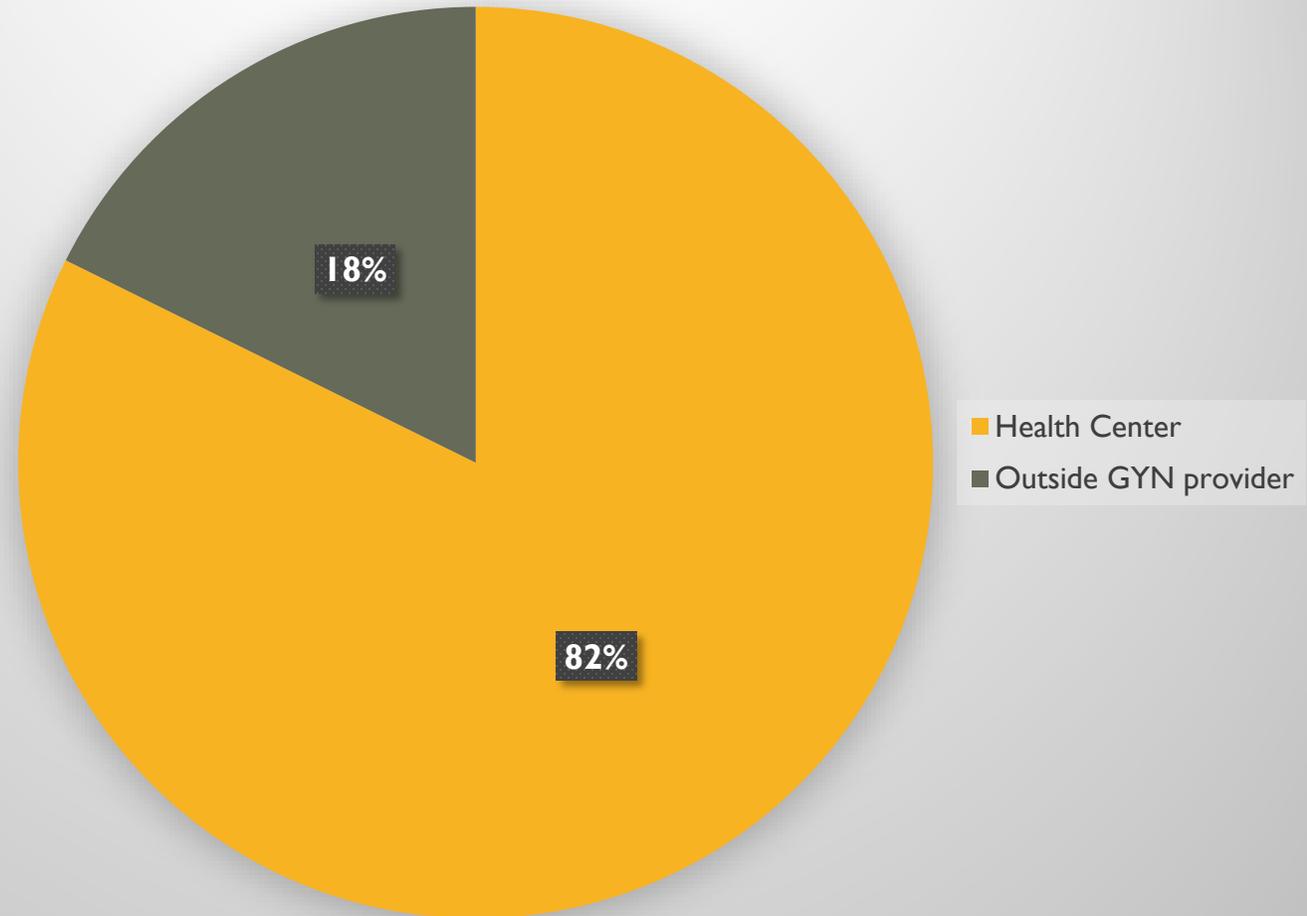
CERVICAL CANCER SCREENING TREND: 2014 TO 2017



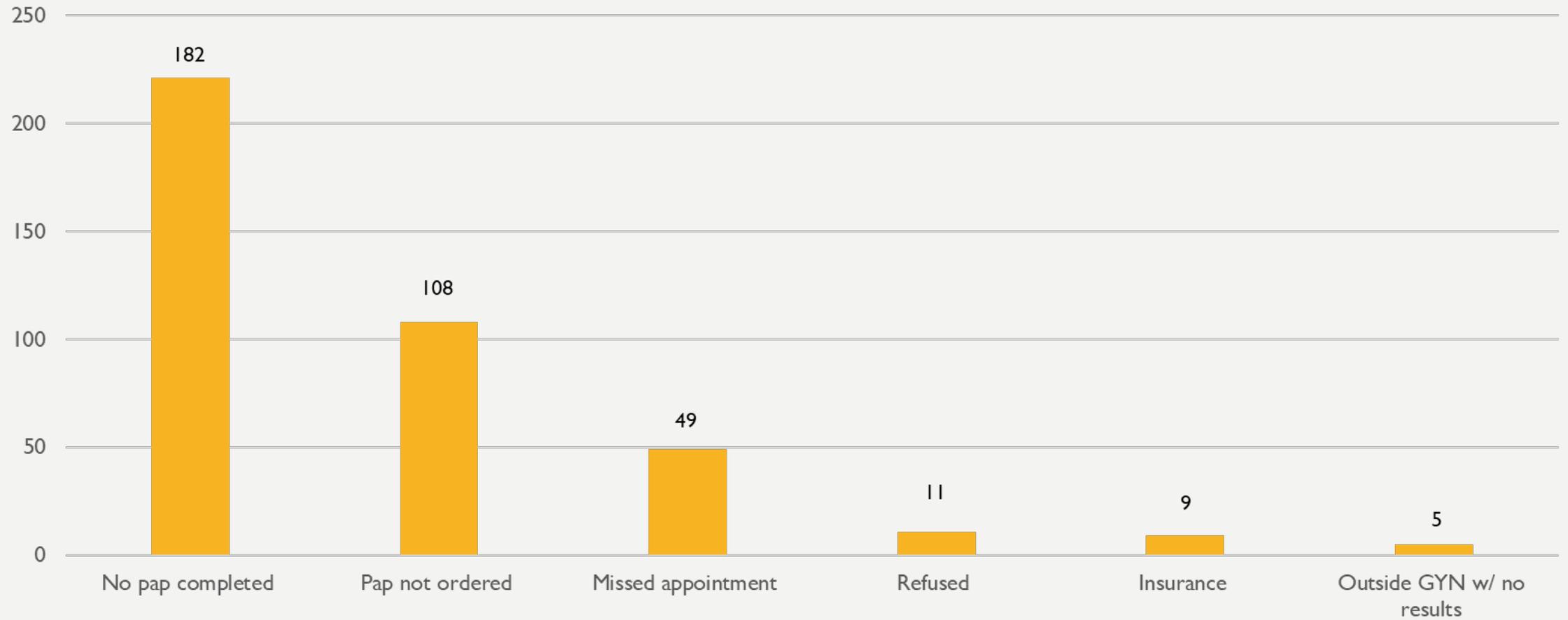
CERVICAL CANCER SCREENING AMONG MINORITIES



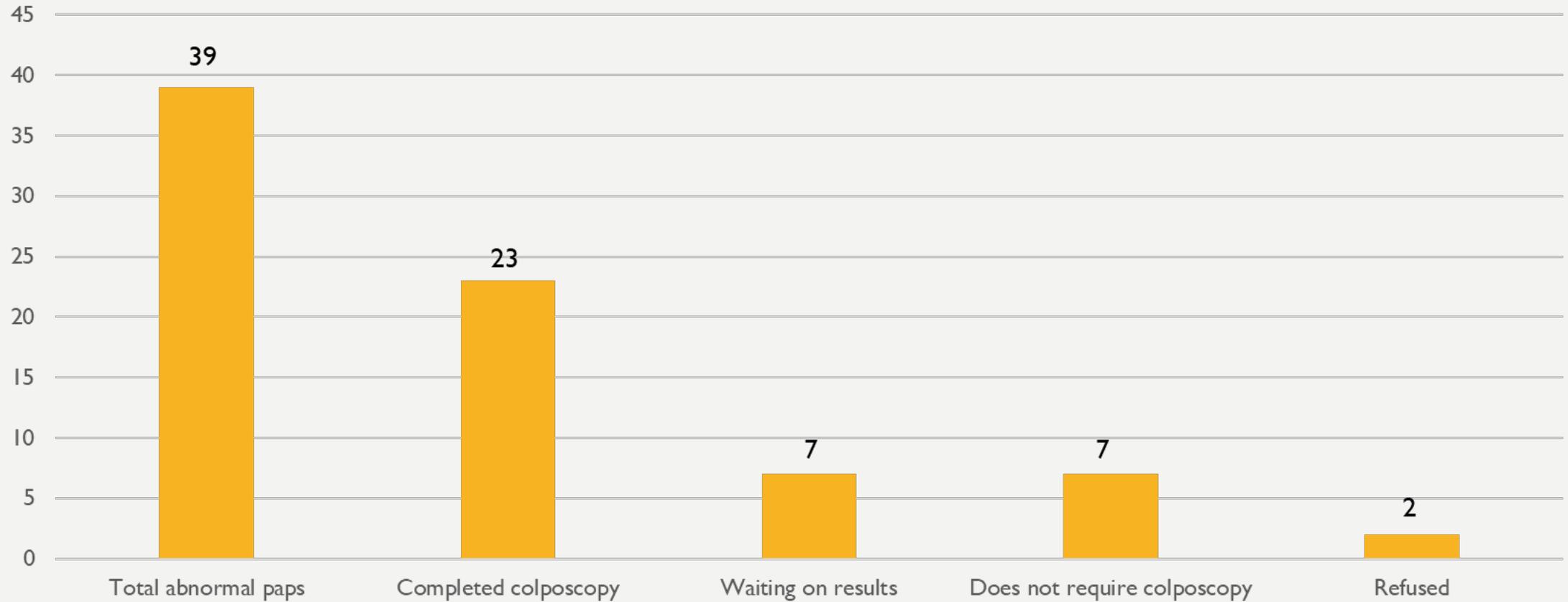
Health Center vs. Outside GYN Provider



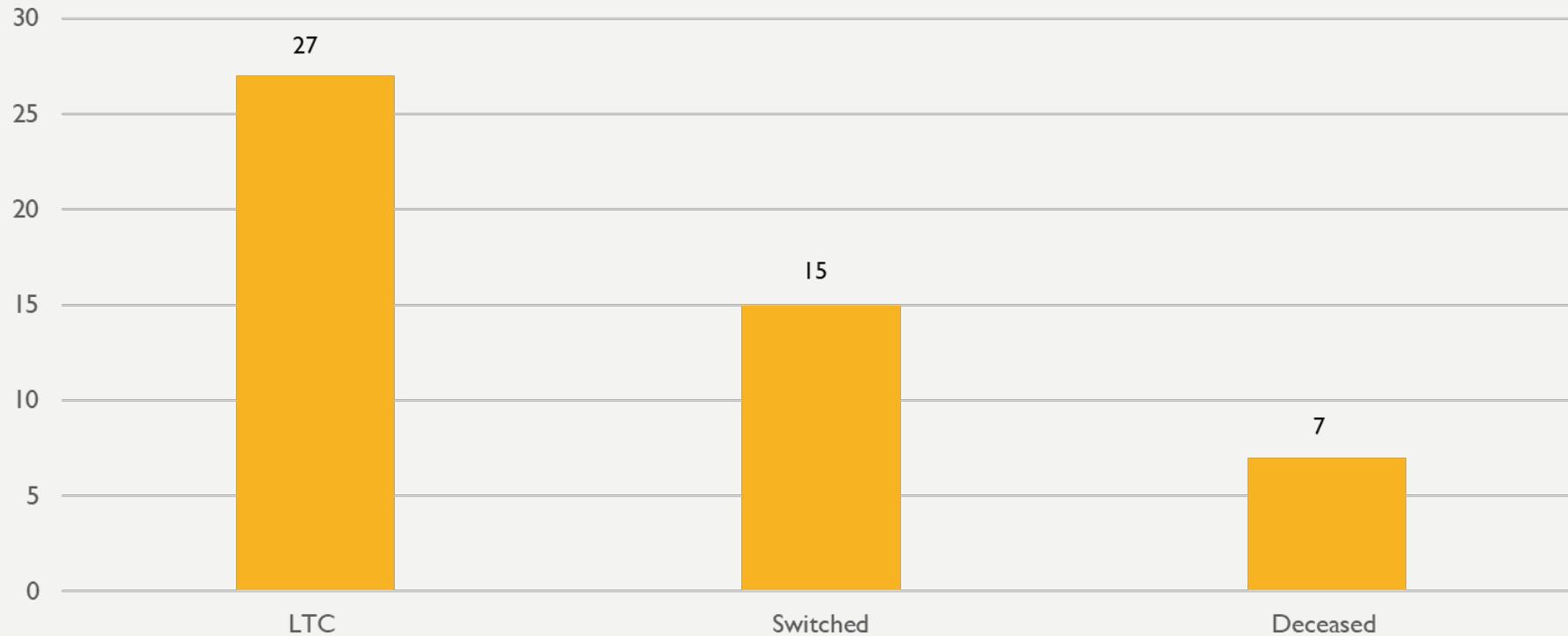
CHALLENGES/BARRIERS TO CERVICAL CANCER SCREENING



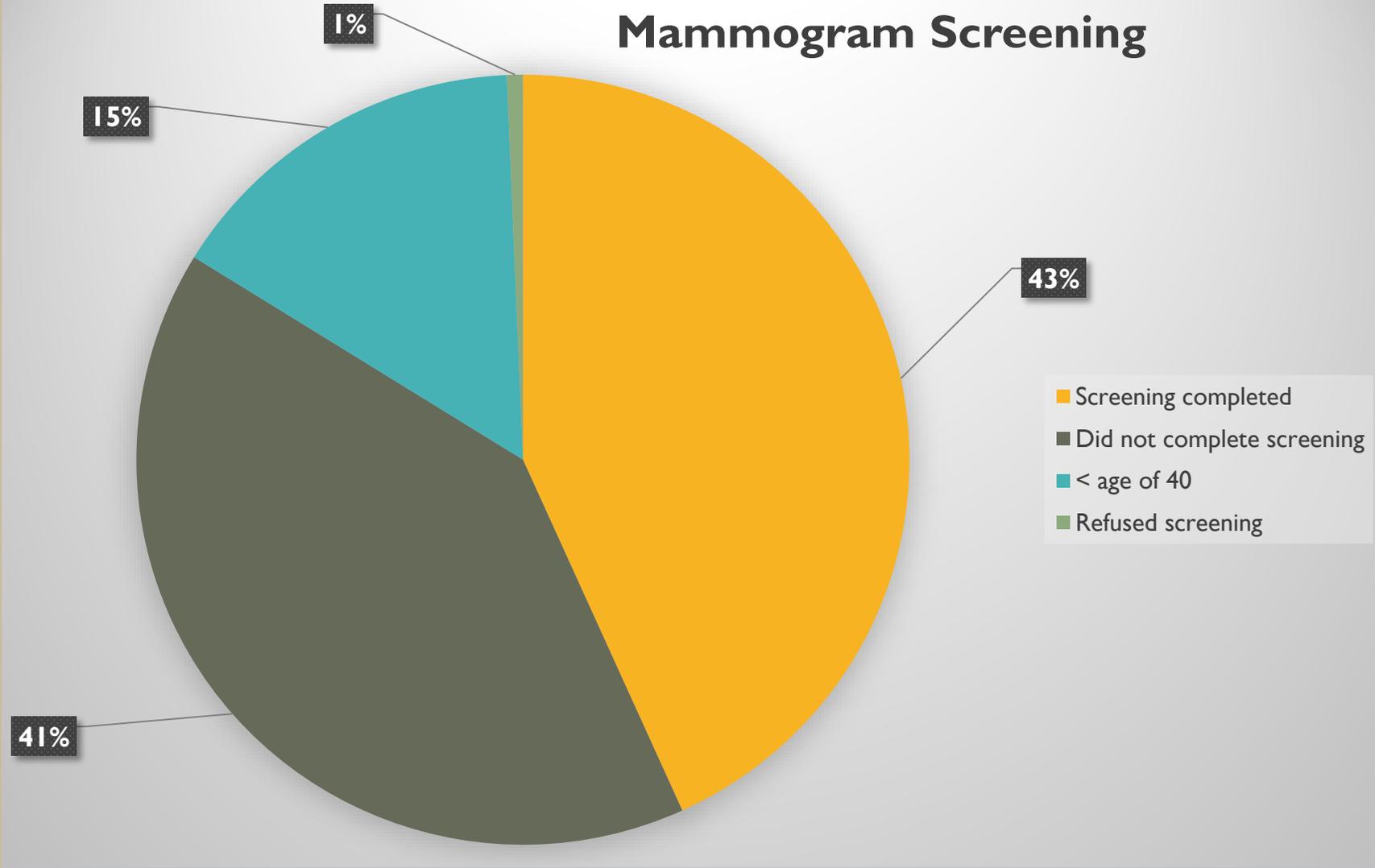
BREAKDOWN OF ABNORMAL PAPS



CLOSED PATIENTS: A SHIFT FROM 2016 TO 2017



Mammogram Screening



CHALLENGES/BARRIERS TO MAMMOGRAM SCREENING

- Patient must receive referral script from medical provider or GYN provider to complete screening
- Some patients refused screening because it was “too painful” or did not want to be exposed to radiation
- Most patients had a mammogram screening outside of the health center
- Health Center does not accept private health insurance

STRATEGIES FOR IMPROVING CERVICAL CANCER SCREENING

- Hiring a Women's Health Coordinator (WHC)
 - Mainly focuses on cervical and breast cancers screening
- Working with AHS CQI committee to reserve open slots for priority clinic patients in family planning
- Incorporate educational materials to educate HIV female patients on the importance of being screened for cervical and breast cancer
- Update patients on the changes of cervical cancer screening guidelines
- Assisting patients in scheduling appointments and sending reminders

STRATEGIES FOR IMPROVING CERVICAL CANCER SCREENING (CONTINUE)

- Follow-up with patients to ensure they attended appointments
- Provide direct and indirect translation services for patients with language barriers
- Contact lost to care or loosely linked patients to re-engage them in care and schedule their GYN/Pap appointment
- Working closely with medical providers (doctors, nurses, PAs and NPs), social worker and case managers

RESULTS SUMMARY

In 2017, 346 HIV female patients were enrolled in the HIV Program

- 184 (53.18%) were screened for cervical cancer and 149 (43%) for mammogram
- 2017 Screening for cervical cancer increased among all minority groups compare to 2016:
 - Black: 32.42% to 44.5%
 - Asian: 2.85% to 62.5%
 - Spanish: 19.04% to 46.15%

LESSONS LEARNED

- Need to access a medical release form in order to receive results from an outside GYN provider
- Accessing LabCorp and Quest system will help to quickly retrieve patients results
- Creating slots in GYN to improve access for cervical cancer screening

CONCLUSION

- Hiring a Women Health Coordinator (WHC) made a big difference in improving cervical and breast cancer screenings for minority HIV positive female patients facing numerous barriers to care
- In a complex health system like Ambulatory Health Services in Philadelphia, a WHC is essential to help improve cervical and breast cancer screening rate